deoth. Page 4 may be

and completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	23	3	3	I
KLO. I. G				

1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE	REG. NO	23	331	EDT
	DECEASED NAME	FIRST		MIDDLE	į.	AST	20. DATE C	FDEATH M	ONTH DAY	YEAR	26. HOUR
	THE OR PRINTS	RUBY		GENE	ADAMS	5	S	EPTEMBE	ER 23,	1984	1048 AM
3. 5	SEX		4. RACE		5 DATE C		6. AGE (IN	YEARS EAST BIRTHE		UNDER TYEAR	IF UNDER 21 HRS
	female		whit	е	Ma		69		YRS.		
H	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTYO	FDEATH	
P	ennsylva				WIDOWE	DIVORCED [ANNE A	RUNDEL	COUN	IY MD.
1	GLEN BU	RNIE /	NORT NOT IN SUC	H FACILITY, GIVE STREET H ARUNDE	L HOSI	PITAL		OCCUPATION OR FOR MOST OF V Ger		126 KIND C INDUSTRY pape:	F CO.
130	Md.	13 COUN	other institution. ity gheny	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO 🔀	Rt	ADDRESS / Z	ZIP CODE 188	2	1503
4	FATHER'S NAME Luthur		middle gene	Wilso	n	15. MOTHER'S MAIDEN! Mary Al		WIDDLE		Spic	her
160	I. WAS DECEASED EN IYES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT Sherley	Steel	e Box	110 ern.M	ld.	s Crossi
N	PART 2 OTHER S	immediate ofing the use lost.	(c)	RAS A CONSEQU	NSTU	ANTENDOSC	RAIN AL DISEA	SE OR CONDI	- Dase	IN PART II	ans.
CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT				NGS USED OF DEATH?
		CAUSE OF DEA			AY YEAR	21c HOW INJURY OCC					NO []
MEDICAL		URRED 1 WHILE WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	216 LOCATION STREET		CITY OR FOW!	٧	COUNTY	STATE
	sow the dec	eased alive on	tal) oftended the SET 19	ofter death.	84.01	nd that in (my) (our) opini DEGREE	on death occurred MEDICAL DIRECTO	red on the dot		and from the	
1	22d. PHYSICIAN'S					22e ADDRESS	653 OLD	MILL	ROAD		1
1		AVID RO			NAME OF S			MARYL	AND 21	108	
B 73	. BURIAL, CREMATIC	JN, REMOVAL	236 DATE	230.	LAWKE OF C	EMETERY OR CREMATOR	(T Z30, LOC	umber			STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician.

^{74 FUNERAL DIRECTOR}
Hardesty Funeral Home 12 Ridgely Ave. REGISTRAR 256. REGISTRAR'S SIGNATUR

ACOUNT THEMEN TON

CLES GROUP MORTH ASSETTED INTERTIBLE

P. LAVID HOSE. N. D.

the funeral director, page 3

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remaye carbanpapers. Pages and 2: with the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6.5		03	mily.			
REG.	NO.	6.4	5	4		E _k
DEATH	MONTH	DAY	YEA	R	25	ы

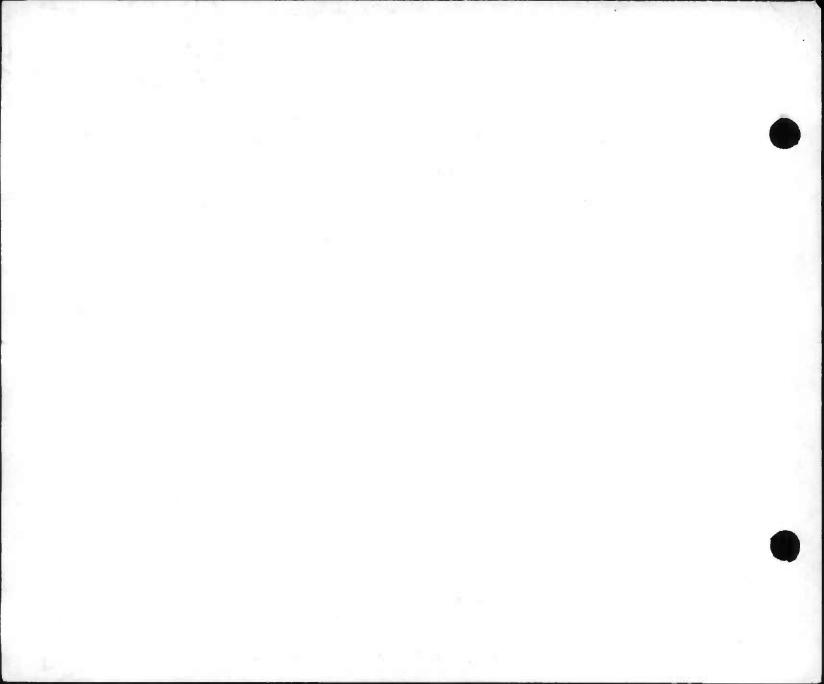
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0. 6.4	5 0	5 %
	EASED NAME FIRST	MIDDLE	0 1	AST		MONTH DAY	1	HOUR
(IIIE)	Eunice	. A.	Andr	ews	09	7-29	-84 8	1:301
3 SEX		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
	Female	1-white	e 0.	4-29-21	63	YRS.		, oks
		76. CITIZEN OF WHAT COUP	NTRY? 8. MARRIEI	XXNEVER MARRIED	ANNE ARUN			
	ATH CAROLINA	USA	WIDOWE					٨
	TY OR TOWN OF DEATH	A'NNE ARUND			120 USUAL OCCUPATION WATER TOES	ON SSORKITE HETU	L'SUSTRYES	
	AL RESIDENCE (IF NURSING HOME OR TATE RYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE AYRUNDE LIGHT RITY		131 INSIDE CITY LIMITS? YES NO	140 STREET ADDRESS	STDEPER	D. 211	40
SI	THER'S NAME LAS	MIDDLE TUTT'L	^s E	LAUTSA	MIDDLE	BENNE	TT LAST	
16a W	VAS DECEASED EVER IN U.S. AR		L SECURITY NO. - 12 - 4573	FLOYD L. A	NDREWS SA		13E	
	18 CAUSE OF DEATH (Enter on	ly one couse per line to (a),	(b), and (c).)	1 1 1	4	\	APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DE AT
- 1	PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	vinic O	structure pu	(menary d	1, care	540	avs
		DUE TO, OR AS A CON	ISEQUENCE OF	/	/		/	
	Conditions, if any, which	(b)						
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SECUENCE OF				-	
- 1	underlying cause last.	(6)	SEGOLIVEE OF					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	OTO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
NO N	Congesta	in heart 1	arlure	,				
ZAT C	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS	
Ĕ					YES NO	YES [10 🗆
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	TIONIN A AL MONT	II DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
4	OR CONTRIBUTING CAUSE OF DEA		H DAT TEAK					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		215 LOCATION	CITY OR TO	hadhil	COUNTY	STATE
₹	AL WORK AL WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	SIREET	CITORIO	/		3141
	22a 1 certify that (f) (this hospi	(al) attended the deceased	from - /	1184	to //	27 10	P. / that	(I) (we) I
	the the deceased alive on	9/129	_19 // ar	nd that in (my) (our) opinion d	eath occurred on the d	ate and hour o	,	, , , ,
	phove (I) (well (did) (did) no 216 SIGNATURE / /	view the body ofter death.	,	DEGREE			224 DAYESIG	1
	Un Such	retrum a	7)	ATTENDING	MEDICAL STA	FF IAN []	7/34	W.
	224 PHYSICIAM'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	RICHARD PEE	LER, M.D.		51 FRANKLIN	AVE. ANI	NAPOI.T	S. MD	
73a R	URIAL, CREMATION, REMOVAL	123b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0 111	,	
	BURIAL	10-3-84 HI	LLCRES	CEMETERY A		ANNE	ARUNDE	L SICI
24. FI	INERAL DIRECTOR			75a DATE	REC'D. BY REGISTRAR	25 HARISTON	A NONATURE	:
		12 1212 WE 69	DRESS CT A	NNAPOLISC MI		1. K	- Pandal	
111	JUDIL D. DVAN	DILIC WED.	T DI. H	MINUT OFFINE	THE STREET	in on takel	MADNING MARK	

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DHMH - 16 50M 4/83

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.3	6	5	1	3	-
REG	NO.				

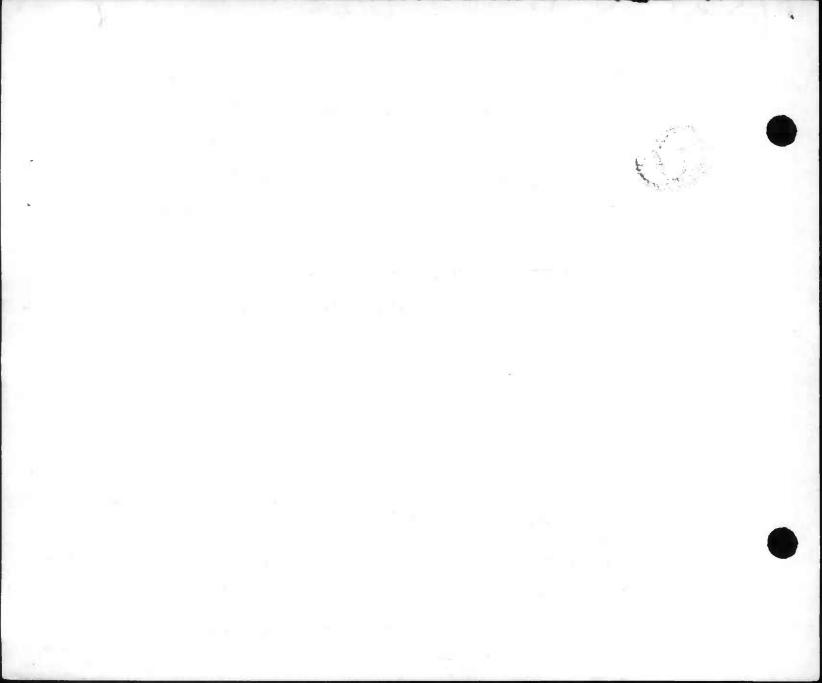
REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.					
1. DECEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH DA	AY YEAR 2b F	IOUR			
	lope Andre	ews			Sept. 2,1984	2	AM			
3. SEX	4 RACE		5. DATE O			FUNDER LYEAR IF UN	IDER 24 HRS			
Female	Wh:	ite		1,1901	83 YRS					
To BIRTHPLACE (STATE OR I	FOREIGN 75 CITIZE	N OF WHAT COUNTRY?	MARRIE	XNEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
Manasquan N	J USA		WIDOWE	D DIVORCED	AA Co	_	WD			
10. CITY OR TOWN OF DEA		E OF HOSPITAL, NURSING IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUS	INESS QR			
Harwood	462	1 Muddy Cree	ek Rd		nousewife					
USUAL RESIDENCE (# NURS 130. STATE Md	ING HOME OR OTHER INSTI 13b. COUNTY AACO	13t. CITY OR TOW Harwood		13d INSIDE CITY LIMITS? YES NXX	13. STREET ADDRESS / ZIP CODE 4621 Muddy Creek	Rd.207	76			
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LAST				
	1 4	Welson		Bertha	Macon					
16a WAS DECEASED EVER	IN U.S. ARMED FOR		JRITY NO.	17. INFORMANT	ADDRESS					
no	(IF TES GIVE WAR ON DA	217 48 4	615	R. Lewis An	drews # 13					
		se per line for (o), (b), an	d (C)			APPROXIMATE I	NTERVAL AND DEATH			
PART I. DEATH W	AS CAUSED BY:	(a) Metas!	Intic.	Breast	Carcinoma	64	ears			
190 DATE OF OPERA		CONDITION FOR WHICH			200 AUTOPSY? 200 IF YES, IN CERTIFY	WERE FINDINGS U	ISED EATH?			
RITE					YES NO YES					
		IME OF INJURY JR. A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	R1 (OR PART 2)				
4	CALEXAMINER)	P.M.	19							
21d IN JURY OCCURI	LATHO	LACE OF INJURY OME STREET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
AL WORK AL WO	111.5									
		22a I certify that (1) (this hospital) ofteness that decreased from								
229 I certify that (1)	(this hospital) after	1/2/ 108	10.5		to 9/2 1 death occurred on the date and hour					
220 I certify that (I) and the second obover (II) the I is	(this hospital) offered of the standard of the	1/2/ 108	10.5	DEGREE ATTENDING PHYSICIAN D	death occurred on the date and hour	984, they and from the cause 22c. DATE SIGN				
229 I certify that (1)	(this hospital) ofte and of the did (did not new the	1/2/ 108	10.5	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		22c. DATE SIGN				
220 I certify that (I) and the second obover (II) the I is	(this hospital) after and old of the and old of the side (did not view the and old old not view the and old old old old old old old old old ol	Volen	٨	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN				
220 I certify that (1) 22b SIGN 22d PHYSICIAN'S N. 230 BURIAL, CREMATION, (SPECIFY) Cremation	(this hospital) oftended of the old of the old of the old old only siew the old	Coleur List Vite 23c. 1	NAME OF C	ATTENDING PHYSICIAN 220 ADDRESS THANKLI EMETERY OF CREMATORY V Process. Inc.	MEDICAL STAFF DIRECTOR PHYSICIAN WST ANN APOL 123d LOCATION CITYOR TOWN Baltimore	220. DATE SIGN 9/3/8	24			
220 I certify that (1) 22b SIGN 22d PHYSICIAN'S N. 23a BURIAL, CREMATION, (SPECIFY)	(this hospital) oftened of the set of the se	Locker death, 1900	NAME OF C	ATTENDING PHYSICIAN 220 ADDRESS 5) FRANKLI EMETERY OR CREMATORY Y Process Inc 150 DAT	MEDICAL STAFF DIRECTOR PHYSICIAN WAST ANN APOLICITY OF TOWN 23d LOCATION CITY OF TOWN Baltimore ERCC D. BY REGISTRAR 25 REGISTR	220. DATE SIGN 9/3/8	24 24 214 STATE			

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in br. the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Cremation
24. FUNERAL DIRECTOR BP. 9-4-84



		γ		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1	\sim		CEASED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
20	D		TITPE	ORPRINT) MAR	YJ	BARLAG-	9	1684 5F
4 of		1	3 SE	Female	WHITE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
	1	1	7a. B1	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
5	16	10	\mathcal{U}	laryland	USA	WIDOWED DIVORCED	Hone Arw	ndel Co.
5	iled with	honglied	A	na pol K	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		170 USUAL OCCUPATION (TYPE OF WORKING TOESS	GUFE) 176 KIND OF BUSINESS (
7 4 1100	2 should be	must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWI	134 INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CO	A 1 1 1
o Arthir	and 2 sh	examine.	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		IAST
	0 -	-		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT		same as
B D	s. Poges	e medical		YET NO OTUNKNOWN) (IF YES, GIT	VE WAR OR DATES) 219-03-6	879-A Leroy G	Barlag.	#13
B D D D D D D D D D D D D D D D D D D D	physical supoper smaval.	event, th		PART I. DEATH WAS CAUSE	nly one couse per line for a), (b), one ED BY: TE C AUSE (a)	Ce	ongestive Hear	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 2 42.44
100	rending ve carbo an, ar r	umatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ACE OF Stenosis	Falme	J
1001 100	sose remo	r ather tra		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
Ĝ	gne burn	ry, a	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 110
0	en si r. The ar ta	y inju	Į Į	Alzha		ase		
an.	t permi	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
physic .	al-trans al-trans Ital Hyg	18 sh ma		2 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (FINER NATURE OF INJURY IN ITEM	18 PART I ORPART ?}
nding	bus ce	ar H	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
o to	ter t is the	rked	Σ	WHITE NOT WHITE AT WORK	(AT HOME STREET, FACTORY OFFICE FA	IA V	9/1	01/ -
0 0 Z —	K: At use a tealth	E s		22a I certify that (1) (this hosp	ital) ottended the deceased from	19.0	, to 1/16	_, 19, that (I) (we) !
Spito	وقو	121			at wew thin backy ofter death.		death occurred on the date and I	
the ho	AL DIRE detached ate Dept	II. If Her		27h SIGNATURE	W Colin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/16/8
ined by	FUNER ould be o	PORTAN		22d PHYSICIAN'S NAME (TYPE OF	OR PRINT)	27e ADDRESS 51 FRAN	KLIN ANNA	POUS Med
- G	Sh 2	<u> </u>			1			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

176 KIND OF BUSINESS OR

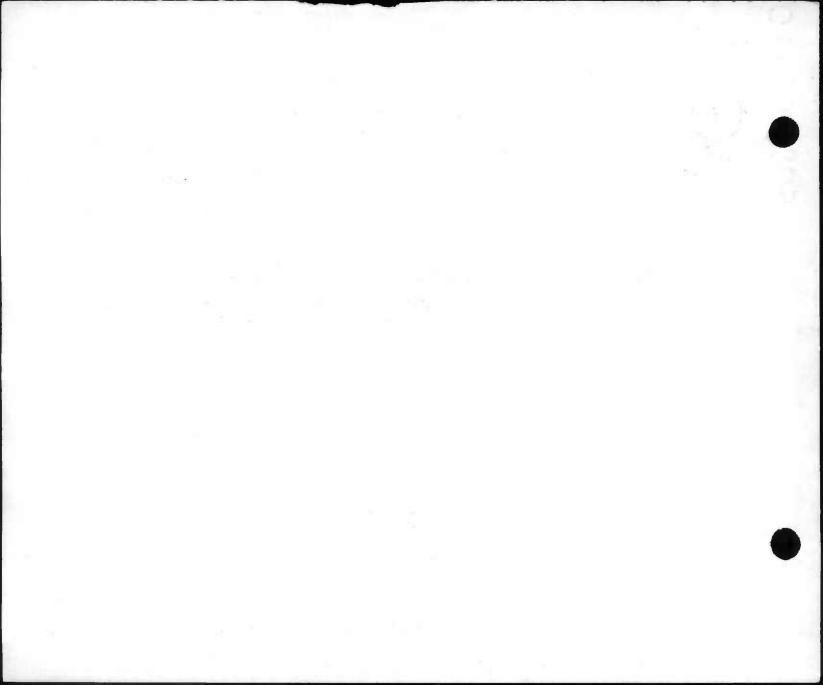
Restaurants

IF UNDER 24 HRS

00

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7 1084



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etoined by the hospital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

rector, page 3 urs after death

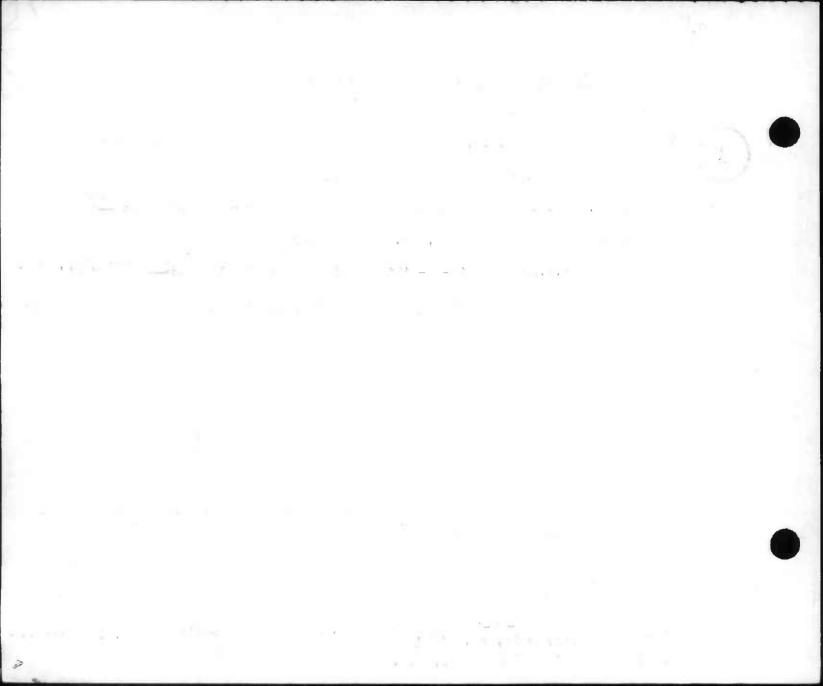
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 ., 3

O

REGISTRAR		CERTIFI	CAIL OF DEA		REG. NO	D.	
1. DECEASED NAME FIRS	MIDDLE	L/	ST		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT)	in W.	6	gann			9-24-84	
3. SEX	4. RACE	5. DATE O	BIRTH		. AGE (IN YEARS LAST BIR		R IF UNDER 24 HR
M ALE	BLACK	MONTH	30	YEAR 3	53	MONTHS: DAYS	HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGH		ITRY? 18	.30	-		R COUNTY OF DEATH	
MARYLAND	U.S.A.	MARRIED	XXIEVER MAR	RRIED			7
		WIDOWE		RCED		NDEL COUNTY	, , ,
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI UF NOT IN SUCH FACILITY, GIVE ANNE ARUNDEL				120 USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS O
ANNAPOLIS			HOSPITA	لل			
JSUAL RESIDENCE (IF NURSING HO 130. STATE 136.0	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13(. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	3 SIREET ADDRESS	ZIP CODE Road	11/1/13
	OUNTY ANNAP	OLIS		0 🗆	20 9	lder	217
14 FATHER'S NAME	MIDDLE LAS		15. MOTHER'S M		E M/DDt€		AST
WILLIAM	BEANN	, Sr.	N	ABLE	WIDDLE		RKER
160 WAS DECEASED EVER IN U.		SECURITY NO.	17 INFORMANT		ADDRE		2
TESO OR UNKNOWN)	W.II 213-2	8-8171	MARTINI	BEANN	20 Alder	load Annanc	403, Md
Lu CAUCE OF PEAYURS	er only one cause per line for (a), (La madana	- 0	4		APPRO	XIMATE INTERVAL N ONSET AND DEAT
PART I. DEATH WAS C.	USED BY:	or, one ic	alle	a.A.	Auso	Between	noull
IMMI	DIATE CAUSE (0)	uch	CC CAS	unu	aure	73	ruse III
	DUE TO, OR AS A CONS	SEQUENCE OF					
Conditions, if ony, which							
couse (a), stating th	DUE TO, OR AS A CONS	SEQUENCE OF					
underlying couse los	(c)						
	NT CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PART	110
January (1900) ATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN							
190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORM	ED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
I E					YES NOW	YES [NO []
21a. ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJURY		21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
OR COLUMNIC CALLER	PEDEATH	DAY YEAR					
(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M. 71e. PLACE OF INJURY	13	211 LOCATION		1/		
	(AT HOME STREET FACTORY O	FFICE, FARM ETC)	STREET		CITY OR TO	WN COUNTY	STATE
AT WORK AT WORK			///	- 70	a 1.	200	•
	nospital) attended the receased f		d that in (mu) (ou	19	on to	ote and hour and from th	, that (I) (well)
	e on	1	-	-) opinion di	earn occurred on the de		1
226. SIGNATURE	11.1	1	EGREE	NIDINIO	MEDICAL STAI		EJIGNED!
Re	1 OCK	0		SICIAN K	DIRECTOR PHYSIC	IAN 9/	28/87
22d. PHYSICIAN'S NAME	TYPE OB PRINT	20	22e ADDRESS		1	C	07/
1 8.7.	Yochman !	4	16 Mic	ma	Alua de	Linesat	11 41
22- BURIAL CREMATION BEAU		23¢ NAME OF C	METERY OR CRE	MATORY	23d LOCATION	uccago	
23a. BURIAL, CREMATION, REMO	0.0-				CITY OR TOWN	COUNTY	STATE
BURIAL		PINELAWN	MEM. PA	HK	Annaphli	S DECEMBER AS A.	Maryl
NAME	apolis, Md. 21	DESE		ZSO DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	Randal?



	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLA HEALTH AND M FICATE OF DI	NENTAL HYG	IENE 4	REG. NO.	3	3 3	EDT
-1		CEASED NAME	FIRST		AIDDLE		IAST		2a. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOUR
			HANORA		1ARY	BLOO			No. Supl A	PTEMBER	-	1984	1225 PA
0	3. SE	Female		White		Dec	OF BIRTH DAY 18	393	9		RS.	INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	C	rthplace (state (sountry) ork, Irel	and		A HOSPITAL, NU	MARR WIDOV	ED NEVER M	ORCED 🗌	Al 12a USUAL C	NE ARUN	DEL.	COUNT 126 KIND O	Y MD.
4		GLEN BUR		NORTH		DEL HOS			Hous	ewife	ING LIFE)	INDUSTRY	
3	13a. S	lary land	13b COUNT AA		13c CITY OR		YES []	NO [X]	8250	DDRESS / ZIP	CODE d Ave	enue	21108
H	A FA	John	м	NDDLE	O'COI			tie	WE	MIDDLE		Su	llivan
/	160 V	VAS DECEASED EV YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		5-22940	Hanor		rewer,	Same a	s 13		IMATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	Conditions, if of gove rise to it couse (a), state underlying course PART 2 OTHERS	mmediate ting the use last	DUE TO, OF	AS A SUBSI	EQUENCE OF	ex la led	Con TO THE HAMA	ENAI DE ASE	DR CONDITION	IF YES, W	VERE FINDS	OF DEATH?
9	MEDICAL CERTIF	22x-1 certify that	HAIRE OF BEAT BEAL EXAMINERS JERRED WHILE D	71e PLACE (161 HOME, 518	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY STREET FACTORS OFFICE FARM, ETC.) ATTENTION A								
1	73a. f	DR A	NASTACI	1	HONC,	M. D.	A ADDRESS	20 FN PHR	6 CRAIN	STAFF PHYSICIAN [N HIGHWA	Y SO 210	UM W	9/8/C
	1 3	Burial		Sept	12,84	Glen H	aven Mem	1. Park		Burnie		AA	MD

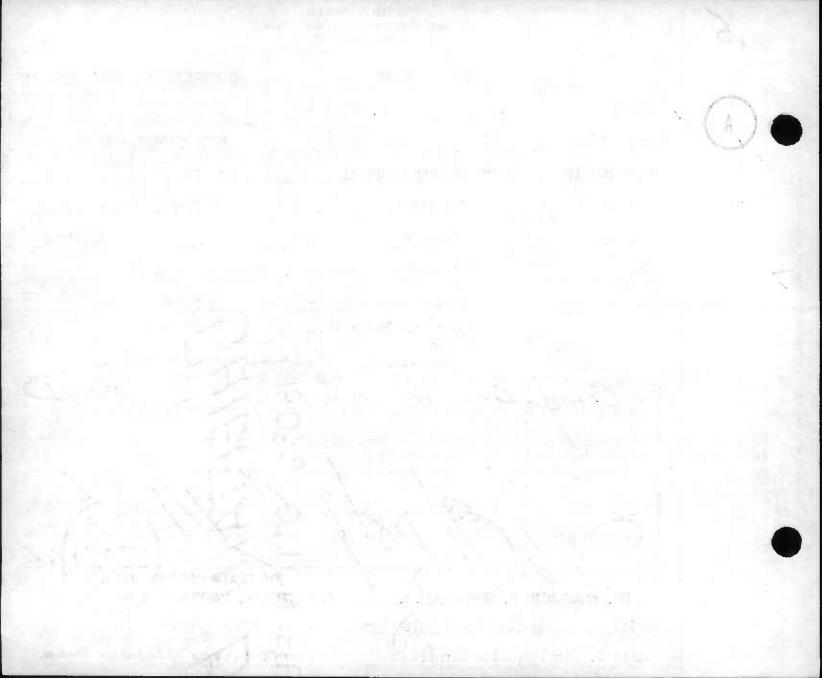
DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

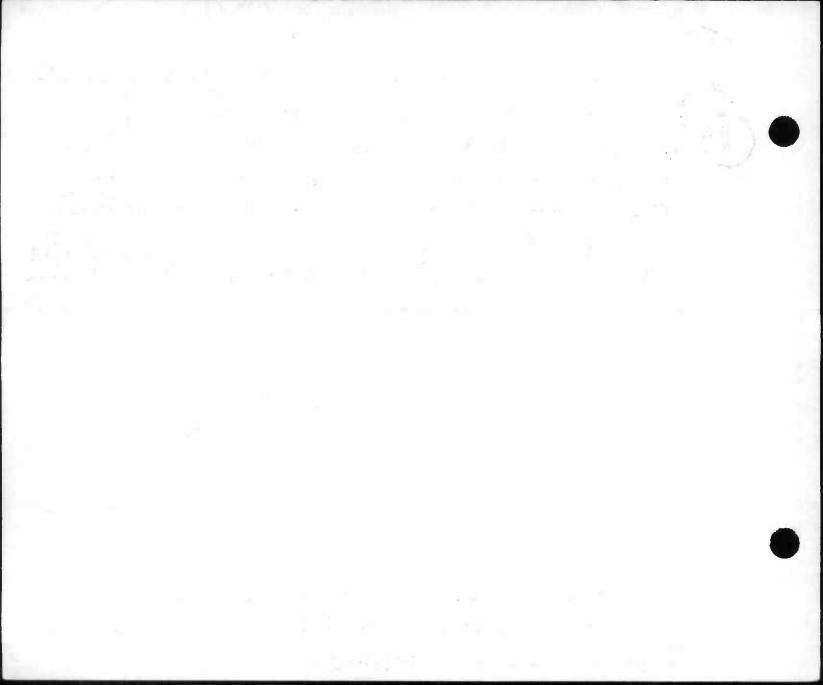
Park Glen Burnie AA

156 DATE RECTO. BY REGISTRANISE REGISTRAN'S SIGNATURE.

Julia Davidson-Randelle



D	Fil	1.	for 10/25/84 rja state registrar		STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	(GIENE & REG. NO	23339
oy be coge 3		1. DE	EASED NAME MILITARIA ON PRINTING BOILLMAN	Faupel	Bohlman DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 76 HOUR 1, 23,1984 12 14 M
og#.4 m		F	emale 4	Ihite 1	Dec. 15,1898	85	MONTHS DAYS HOURS MIN.
tureral d	26	n	ouniry) oryland iy or town of DEATH 11. NA	WE OF HOSPITAL, NURSING H	MARRIED NEVER MARRIED DIVORCED HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OF	on 126 KIND OF BUSINESS OR
to the	\$ 3		LE RESIDENCE (IF NURSING HOME OR OTHER IN	NOT IN SUCH FACILITY, GIVE STREET ADDI	General Hospi	1 1	Ker Home
n 24 he / filled hould b	35	13a.	no AA	Arnold	YES NO	13e STREET ADDRESS /	XETER Drive
+ 0 -	20 ZU		THER'S NAME FIRST VAS DECEASED EVER IN U.S. ARMED FO	PRCES? HALL SOCIAL SECURIC	15. MOTHER'S MAIDEN'N Clara YNO. 17 INFORMANT	WIDDIE	Hubert
be execu on and c	e medica	160 (VAS DECEASED EVER IN U.S. ARMED FC		Harold R	Bohlman	Arnold, MI 2/012
rtificate g physici enooper	event, th		18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	Strat	le		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 CLOCOLI
that the death of the death of the other din lease remove corbinal, or the other or the other or the	or ather traumotic		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	IE TO, OR AS A CONSEQUENC (b) (c)	E OF		
equires in signe Then p	injury.	NO.	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	AH BUZNOT RELATED TO THE THE	MINAL DISEASE OR CONE	
he law on. hos bee	Luo smo	CERTIFICATION	19a DATE OF OPERATION 19t	CC UITION FOR WHICH OP	ERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: Ti ag physici certificate ritol-transit ental Hygi	18 sh			OTIME OF INJURY OUR A.M. MONTH DAY P.M.		JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
G PHYS ottendin ter this c s the bu	rkedor	MEDICAL		PLACE OF INJURY HOME STREET, FACTORY OFFICE FARM	EIC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
spirol or CTOR! Aft	2 l is ma			ended the deceased from 1984		on death occurred on the do	te and hour and from the couses stated
TAL OR A y the ho RAL DIRE- detoched	ZT. # Hen		22b. SIGNATURE	lucan	DE GREE ATTENDING PHYSICIAN		
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote	TWPORTANT		Richard I. Hochma	an, M.D.	16 Murray	Ave. Annapo	lis. MD 21401
BP	≥	23a	SURIAL, CREMATION, REMOVAL 236.		ME OF CEMETERY OF CREMATOR		nd PG mil
DHMH - 16 50M 4 (VRA 15, 4)	/83		INERAL DIRECTOR	harel Ann	25a D	ATE REC'D. BY REGISTRAR	236. REGISTRAR'S SIGNATURE



FOR STATE

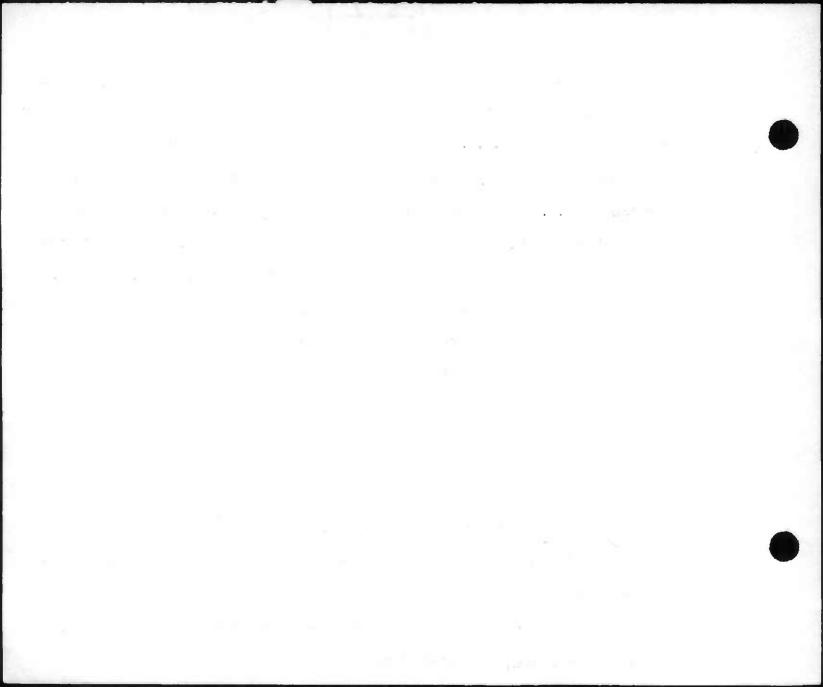
STATE OF MARYLAND	3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR				CEKTIF	CATEUF	DEATH		R	REG. NO.				
	CEASED NAME	FIRST	,	AIDDLE	L	AST		2 a	DATE OF DE	ATH MC	HINC	DAY	YEAR	26 HOUR
(TYPE	OR PRINT)	ANNA	Į.	AGNES	BOI	FEN				9	9 :	28	84	8A M
1.5E	х		4 RACE		5. DATE O		YEAR		AGE (IN YEARS	LAST BIRTHD	DAY)	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.
L	Female		Whit	e	MONTH 2	2	28		56	,	YRS.	MUMINS	DATS	HOURS MIN.
	IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8 AA A DD IE I	NEVER	AA A PRIED	9 1	BALTIMORE	CITY OR	COUNT	Y OF DE	ATH	
	aryland		U.S		WIDOWE	D D	NORCED			e Arı		_		MD.
L	ity or town of de Linthicum		443 W.	HOSPITAL, NURSIN H FACILITY, GIVE STREET Maple R	oad	r other ins	NOITUTIT		USUALOCC YPE OF WORK FOR Wirema	MOST OF W		(FE) INDI	USTRY	nghouse
3a. S	at residence (# MUF STATE aryland	13b COUP A.A.		GIVE RESIDENCE BEFORE 134 CITY OR TOW Linthicu	N I	136 INSIDE (NO K		STREET ADD	RESS / Z Mapl	IP CODE	e ad	210	90
M. FA	ATHER'S NAME Willian	n	M .	Wolf		15 MOTHER	S MAIDEN FIRST gnes	N NAME	M	DDIE H.			Spi	ndler
16n V	WAS DECEASED EVE			16b SOCIAL SECU		17 INFORMA				ADDRESS	210	100	- [-	
- (YES, NO OR UNKNOWN)		E WAR OR DATES)	215-22-0				1 Bof	ffen, S				ple	Rd.
	18 CAUSE OF DEA	TH (Enter on	ly one couse per	time for (o), (b), on	dic.							BE	APPROXU	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	WAS CAUSE	Ď BY: E CAUSE (o)	KENAL	-/	AILUI	2 TE							
		IMMEDIAI			-									
	Conditions, if on	v which	DUE TO, O	BOT R		VE	(IRA	TAAC	THY					
	gove rise to im	nmediate	(6)—			0	Circ	21 11						
	cause (a), stati underlying caus		DUE TO, OI	R ÁSIA CONSEQUE		(AR	CIN	DMA						
	PART 2 OTHER SIG	DIFF CADIT C	(c)							D CONDI	TIONICA	/ENLINED	A DT. 1. a	
Z	PART 2 OTHER SIG	MIFICAINT	ONDITIONS CO	ZINTRIBUTING TO 1	DEATH BOT	NOT RECATED	J TO THE	IERMINA	AL DISEASE OF	CONDI	ION ON	A CIA WAL	AKI IIO	,
CERTIFICATION	19a DATE OF OPERA	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED		20a AUTOPSY					GS USED
Ĭ E									YES TO NO	оп		FYING C ES □	AUSES	OF DEATH?
	21a ACCIDENT WAS UN	NDERLYING [21b. TIME O			21c HOW II	NJURY OC	CCURRED	(ENTER NATURE	OF INJURY I			ART 21	
	OR CONTRIBUTING		in .	M. MONTH DA										
MEDICAL	216 INJURY OCCUP		21e PLACE		19	21f LOCATI	ON							
MEC	100	mai []		TEEL FACTORY OFFICE F	ARM ETC 1	STREE	T			IY OR TOWN	i	COU	NIA	STATE
	A POH	ONE.			ANDO	21		QLL	1	77	2	9	4	r
	11/	P. I	DE DY	osed from	PIARU		19	37	. 10	1 0	<u>C2</u>	19_0		hat (1) (we) lost
	above, (I) (we)	digt gid m	Por ye body	ofter death.	_		(our) opi	inion deo	th occurred or	1 the date	and hou			
	AN RICHARDAR	XT	11/	Don't I		DEGREE	ATTENION		AEDICA.	CTAFF		220	DATE	SIGNED
	Nian	100	# \	EN SON	160	MID	ATTENDIN PHYSICIA	AN D	MEDICAL PIRECTOR []	STAFF PHYSICIA	N		1/2	3/84
1	228 PHYSICIAN'S	IAME (TYPE	a Ferris	1//		22e ADDRE	SS							
	Dr. Dia	na H.	Griffit	høll		St. A	gnes		p. Once		7			
	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR		J	23d LOCATIO			COUNT	v	STATE
	Bur	ial	10/1/	84 M			Mem 1	Park	Elkrid	ge	H	lowar	:d	Maryland
24 FI	UNERAL DIRECTOR			ADDRESS	212	229			EC'D. BY REGI			Aust.		
Hu	ıbbard Fun	eral I	lome, Ir	c. 4107	Wilker	ns Ave		OCT	1 19	84	ficha	David	101-1	Randace

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



poge 3 may be

ofter death

corbanpapers. Pages 1 and 2 at medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shaws any

injury, ar ather troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 4

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	0	2 3 EG. NO.	j J -	Ü
		CEASED NAME OR PRINT)	skr	Flisalet	l.	AST	2a DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR
	3. SEX	, L	BLACK	2112400	5. DATE C	DAY YEAR	6 AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER T YEAR	IF UNDER 24 HRS HOURS MIN.
١	7a. BIE	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	, ., .,	9 BALTIMORE C		TY OF DEATH	
	M	ARYLAND	U.S	.A.	WIDOWE		ANN	E ARUND	EL COUN	THE.
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) ANNAPOLIS 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY									
	13a. S	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. COUNTY 136. COUNTY 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 1120 Madison Street								1403
	14. FA	THER'S NAME FIRST	MIDDLE	MALLWOOD		IS MOTHER'S MAIDEN NAM	MIC	DDLE	TAYLO	AST DR
	16a W	(AS DECEASED EVER IN U.S. AL	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	MARY BROOKS 1		Affiapol son Str		21403
		B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CAMBIO VASCULAN & WEAST Conditions, if only, which (b) APPROXIMATE MITERVAL BETWEEN ONSET AND DEATH CAMBIO VASCULAN & WEAST Conditions, if only, which								
		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	010 18	-			CONDITION G	IVEN IN PART 1	lo
	5			vic Rt	NOC	- FAIL CRE				
)	CERTIFICATION	19a DATE OF OPERATION	Date of Operation 196 Condition for which operation				200 AUTOPSY	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE	BI MƏTI MI YAULMI ƏC	3 PART I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE FA	RM, ETC.)	211 LOCATION STREET	CIT A	Y OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hasp saw the deceased alive of above, (1) (we) (did) (did n	Chronge	N 19		nd that in (my) (opinion d	to	the date and he		, that (1) (we) last e causes stated
		22h SIGNATURE	· No	ere '	4. 1.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	9/2	v/84
	J	22d PHYSICIAN'S NAME (TYPE	Doont	13.		16 16 Fort	Ton	- Ann	operiv	21403
		SPECIES	23b. DATE	/ 23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

CHEWS U.M.

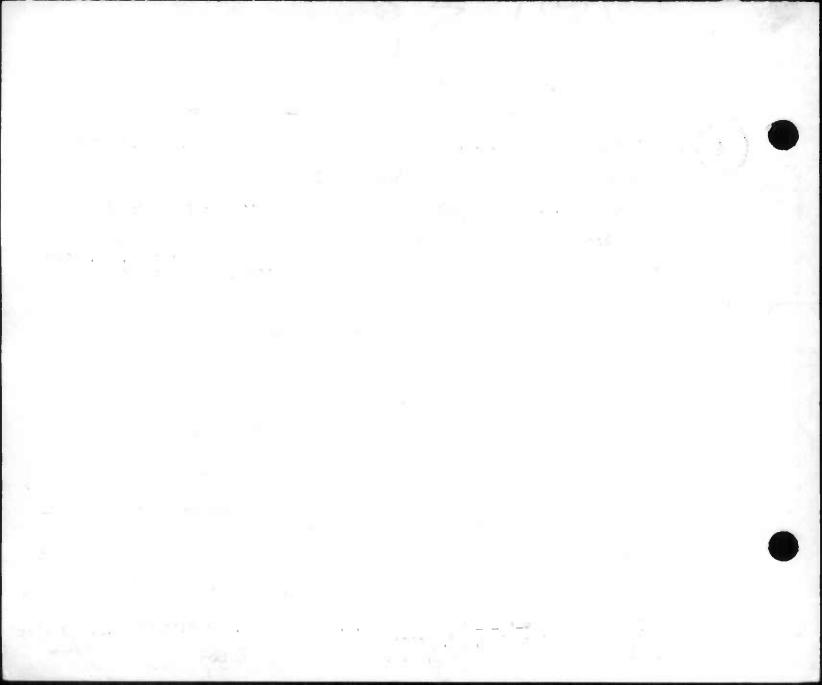
DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR ANNAPOLIS, Md. 21401
WILLTAM REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR

CHURCH Owensville

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 2 8 1984 Line Davidson Contact

Maryland



executed within 24 hours ofter death. Page 4 may

deoth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

etoined by the hospitol

STATE OF MARYLAND

DEPARTMENT OF BEALTH AND MENTAL BYCKME

	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	REG. N	2 3	3 4	1	
	I. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	George	Ma	gnus	BROV	VN	Sept.	22.	1984	1115 PM	
	3. SEX	4 RACE		S. DATE (6 AGE (IN YEARS LAST BE		#FUNDER I YEA		
	male	white		NOV		87	YRS.		5 HOURS MIN.	
93	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY				
	Maryland	USA		WIDOWI		co.	MD			
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Millersville Knollwood Manor 12s USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LI painter (ret)								OF BUSINESS OR	
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE MD 136. COUNTY AA GEORGE BEFORE ADMISSION 136. INSIDE CITY LIMITS? YES NO 80 1123 Armisted St. (21061)								(21061)		
	14 FATHER'S NAME FRST George	MIDDLE	srown		15. MOTHER'S MAIDEN NA	ME		ŀ	LAST	
-	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS Sa	ame as i	13	
		IVE WAR OR DATES)	217/14/3	3078	Mr. George N	AcAdams (so	n in	law)		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	ENCE OF	My 8 cardal	NAL DIGEASE OR CON	IDITION G	BI.	l(o)	
The state of	O CONTROL OF OPERATION	196 COND	TION POWHICH	OPERATIO	IN WAS PERFORMED	296 MUTOPSY!	120h IF V	ES, WERE FIND	DINGSTISED	
ř	SE IN DATE OF OPERATION	170. COND	ITION TOR WINCH	OFERATIO	NASTERI ORMED	YESTI NOTI	IN CERT	TIFYING CAUSI		
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	CAIN .	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY (N ITEM 18	8 PART I OR PART 2	7)	
	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR JO	74	COUNTY	STATE	
	sow the deceased alive a	22e I certify that (I) (this hospital) (i) yield the deceased from								
	220 SIGNATURE	- Bu	U &		ATTENDING PHYSICIAN P	MEDICAL STA	FF CIAN 🔲	9%	1 84	
	Dr. Errol A.		-			Innan	olic	Massella	nd 21401	
	23a. BURIAL, CREMATION, REMOVA		122. 1	NAME OF C	20 Ridgley A	Izad LOCATION	TITS,	Maryla	and 21401	
	(SPECIFY) Burial	25 Sep			ar Hill Cemete	CITY OR TOWN	yn Pk	COUNTY AA	MD STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the furnishand be detached for use as the burial-transit permit. Then please remove carbonopers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:-

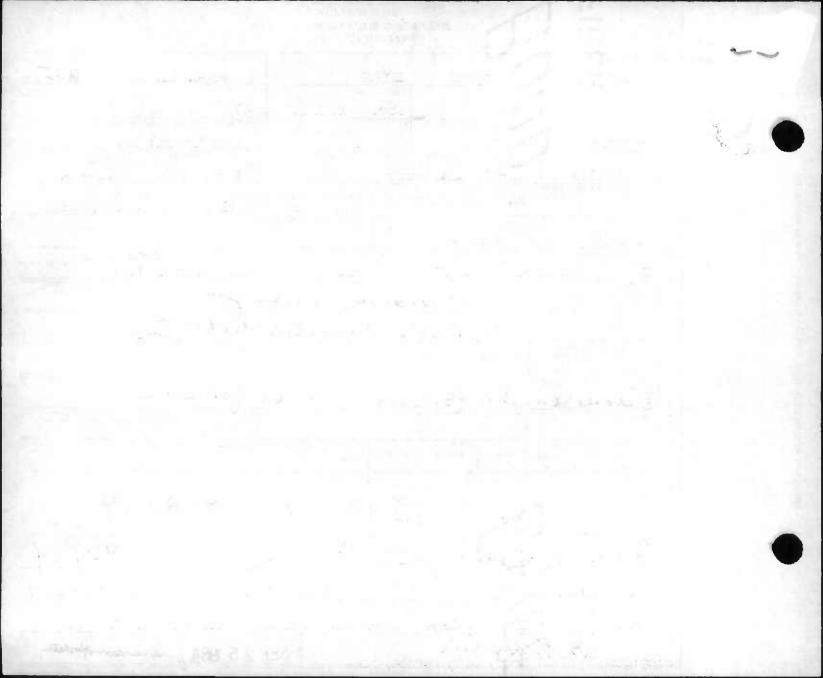
injury, or other troumotic event, the medical

MPORTANT: If Item 21 is morked or Item 18 shaws ony

24. FUNERAL DIRECTOR NAME Singleton

Cedar Hill Cemetery

Brooklyn Pk.,



STATE OF MARYLAND

1 - STATE REGISTRAR			DEPARTN		FICATE OF DEATH	GIENE 4	REG. NO.	0 4	Con
1. DECEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	25 HOUR
	Marga	ret	Gertrud	e B	urck	Septe	mber 15.	1984	PA
3. SEX		4 RACE			OF BIRTH	6. AGE (IN Y	EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female		Whit	е	Mar		58	YRS	MONTHS DATS	HOURS MIN,
70. BIRTHPLACE (STAT	E OR FOREIGN	75. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COUNT	TY OF DEATH	
Maryland		U.S.	Α.	WIDOW	ED DIVORCED	Anne	Arundel		ME
10. CITY OR TOWN OF		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING		OF BUSINESS OR
Glen Burn	ie	310 G	lenWood A	Ave.		Comp 0	perator	Krohe:	im Inc.
USUAL RESIDENCE (# 13a STATE Maryland	13b. COL	INTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 1 GlenBu:	N	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP COI	7.5	21061
14 FATHER'S NAME	-	WIDDLE	LAST		15. MOTHER'S MAIDEN N		WIDDLE	Į.A.	
Clarence			Bathgat	e	Mary			Taylo	r
160 WAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
No	/	1111	220/12/9	208	Mr. Robert E	. Burck	(Husband) Same a	as #13
	TH WAS CAUS		line for 101, (b), and	1-	PNEWMO	Nia		APPROX BETWEEN	OMATE INTERVAL ONSET AND DEATH
Conditions, if	ony, which	DUE TO, O	RAS A CONSEQUE	NCE OF	al Obstru	chine			

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause

190 DATE OF OPERATION

CERTIFICATION

MEDICAL

and Mental Hygiene prior to

morked or Item 18 sho

If Hem 21 is

MPORTANT

pe

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

DUE TO, OR AS A CONSEQUENCE OF CONCENSE OF A

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211. LOCATION COUNTY CITY OR TOWN

NOT WHILE 22a. I certify that (1) Ithis hospital) attended sow the deceased alive on _____

DEGREE

HYSICIAN DIRECTOR PHYSICIAN 72+ ADDRESS

Dr. Arthur Gudwin

21061 7310 Ritchie Highway - Glen Burnie, Md.

Glen Burnie

and that in my) (our) opinion death occurred on the date and hour and from the causes stated

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

22c. DATE SIGNED

Burial 24 FUNERAL DIRECTOR

77h SIGNATURE

Singleton Funeral Home Glen Burnie, Md.

Sept. 19, 1984 Glen Haven Mem. Prk.

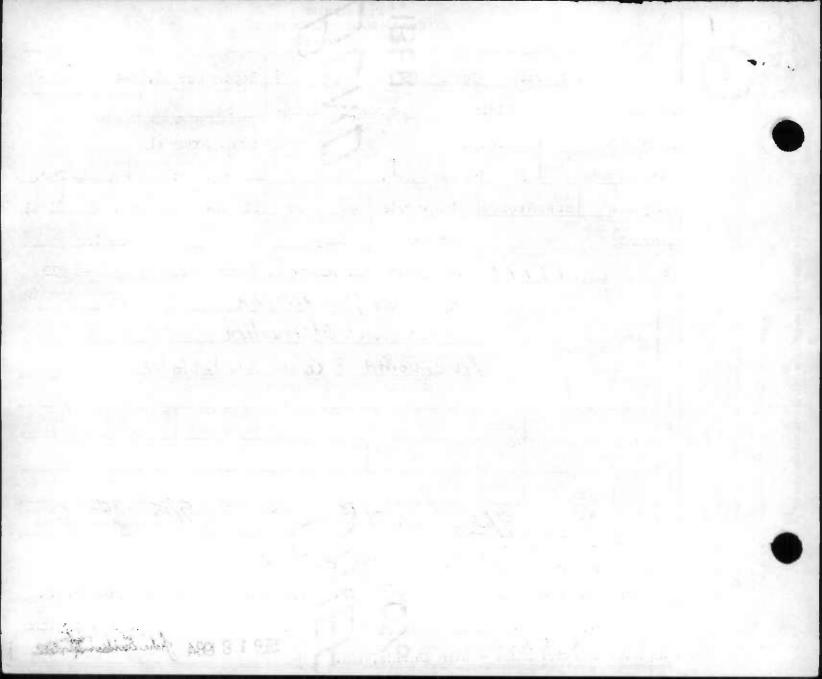
DHMH - 16 50M 4/83 (VRA 15, 4)

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FUNERAL DIRECTOR:

should be detached with the State Dept.

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 4 2 3 3 4 3
	1. DECEASED NAME FIRST	A Burns	20. DATE OF DEATH MONTH DAY YEAR 28. HOUR 90. 45pm
	F	RACE CAU S. DATE OF BIRTH MONTH MONTH MONTH DAY OO VEAR	6_AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 KS MONTHS DAYS HOURS MIN. YRS.
	Washington, DC	S. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED WIDOWED DIVORCED	PRANE Arundel MD.
2	PNNApolis	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN OUT IN SUCH FACILITY OF STREET ADDRESS) ANNE ALLUNGE GENEVAL	176. USUAL OCCUPATION (TOP OF WORK FOR MOST OF WORK FOR
1	USUAL RESIDENCE IN HURSING HOME OR C	. Crowsuille YES NO	130. STREET ADDRESS FAINFIELD NUrsing Ctr
1	William "	THEE FIRST FIRST FIRST	e Bradly
	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES) 577-22-0167 Betty CANNE	Ila Line Arnold My Sp
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	I I - ARY INTERTURE I THE THE	wal Flemorrhage I day.
	PART 2 OTHER SIGNIFICANT CO Chronic 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Brain Syndrome w/ 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	Note
P	OR COLUMNIC COLUMN	THE PARTY OF THE P	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED THE CONTRIBUTION OF THE CAUSE OF DEAT ALL WISH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	220.1 certify that (1) (this haspite saw the deceased alive on above, (1) (we) (did) (did not	14 Aug 19 84 and that in (my) (our) opinion of	to
	226 SIGNATURE		MEDICAL STAFF DIRECTOR PHYSICIAN 3
	224 PHYSICIAN'S NAME (TYPE OR	Talian - 1250	erica Ct. Davidsonville
	230. BURIAL, CREMATION, REMOVAL	236. DAJE 23. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN D COUNTY STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Kalas F. H. 6160 OXON HILLA

whia Davidson-Randoll

The second of the same of the Chronic Francischer and Franklin Median I Throng and all from the will be the state of the s

executed within 24 hours ofter death. Page 4 may be requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.

inclur, page 3

STATE OF MARYLAND

1 - STATE REGIST	TRAR	DEP		CATE OF DEATH	REG~N	<u> </u>) "	3-1
TYPE OR PRINT)		RRIE	BU	Ter	20. DATE OF DEATH SEPT	MONTH DAY	984	26. HOUR 10:15 PM
3. SEX	4	I. RACE	5. DATE OF		6. AGE (IN YEARS LAST BE		INDER 1 YEAR	IF UNDER 24 HRS.
EMALE		BLACK	модтн	f^ 13	71	YRS.	THS DAYS	HOURS MIN.
BIRTHPLAC COUNTRY)		B. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	OR COUNTY OF		MD.
O. CITY OR TO NN AP OI		11. NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIVE ANNE ARUNDEI	STREET ADDRESS)	HOSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION		F BUSINESS OR
ARYLAN	ID A.A.	OTHER INSTITUTION GIVE RESIDENCE TY 13c, CITY OR LOTHI	AN	13d INSIDE CITY LIMITS? YES NO	Ise STREET ADDRESS Lower Pi		pad 2	711
WII		ENNIS	ST.	IS MOTHER'S MAIDEN NA FIRST HETTTE	MIDDLE		HAR	RIS
60 WAS DEC	EASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL WAR OR DATES)		JOSEPHINE BUI	Loth RLEY Lower	ian, Md. Pindell	Rd.	1 MATE INTERVAL INSET AND DEATH
PART 2	OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	G TO DEATH BUT N					
I PICA	te of operation	196 CONDITION FOR W	VHICH OPERATION	I WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES (
OR CON	CIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	OR PART 2)	
2 Id INJ	JURY OCCURRED NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR 11	Swite Swite	COUNTY	STATE
sov	w the deceased alive on _	ot) attended the deceased to	19.87, and	that in (my) (aur) apinion	death accurred on the c	late and hour ar		hat (1) (w e) lost couses stated
	Havey	1 Sten	efell	ATTENDING PHYSICIAN 1	MEDICAL STA		9/20	184
1	ARVEG J	STEIN	Vfelo	SHADY	SIDE MA	1 20	764	
BURTA	CHEMATION/REMOVAL	23b. DATE 9-25-1984	MOSTS CI	METERY OR CREMATORY	23d. LOC ATION CITY OR TOWN		OUNTY	STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the medical exami

IMPORTANT: # Item 21 is morked or Item 18 shows ony

Annapolis, Md. 21401 24. FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NAME OF THE RESIDENCE . Vi III lett perso (III) -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

60	5	0
REG. NO.		

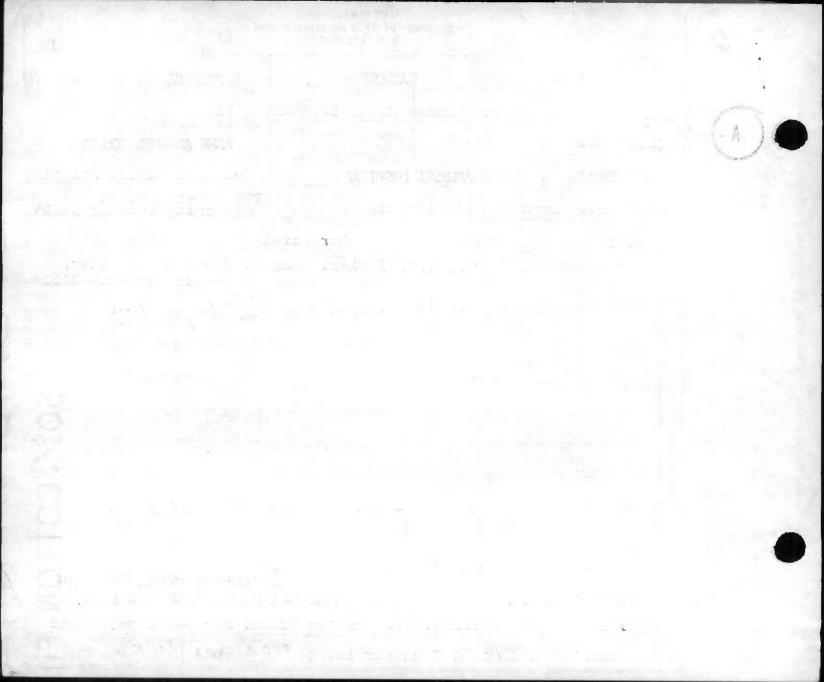
1	FOR		DED	STATE OF M		TEME .	m. m3	
L	- STATE REGISTRAR			CERTIFICAT		REG. NO		EDT
	ECEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		LUIS	NMN	CARBONE	SR,	SEPTEMB	221	
3. S	EX	1	RACE	5. DATE OF BIRTI		6 AGE (IN YEARS LAST BIR	MONTHS DA	
-	lale		Puerto Ric		19,1913	71	YRS	
	COUNTRY STATE		CITIZEN OF WHAT COUN	MARRIED X	IEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1	uerto R	· · · · · · · · · · · · · · · · · · ·	USA	WIDOWED [DIVORCED [RUNDEL COU	
10	GLEN BUF		1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE NORTH ARUN]			128 USUAL OCCUPATION OF WORK FOR MOST COMMON Merchan	on 12b. Kin F working life INDUST t Marine	d of Business or Shipping
7 USI 13a Pu	JAL RESIDENCE (#1 STATE erto Ri	NURSING FOME OR COUNT	THER INSTITUTION GIVE RESIDENCE IY 13c, CITY OR XX RIO P		ISIDE CITY LIMITS?	Iniversi	ræc®treet ty Garden	99999
14.0	ATHER'S NAME				THER'S MAIDEN NA	ME	cy Garaci	5 00521
0	Victor	N	Carbone		Lorenzin	a	D'Angel	O
160	WAS DECEASED ET		NED FORCES? 166 SOCIAL 083/0	SECURITY NO. 17 IN 7/2313 Mi	ss. Emma	V. Carbo		ter)
	Conditions, if gave rise ta couse (a), stunderlying co	immediate toting the	DUE TO, OR AS A CONS			U		
N. N.	PART 2 OTHER S	GIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT R	ELATED TO THE TERA	NINAL DISEASE OR CON	DITION GIVEN IN PART	1110
CERTIFICATION	190. DATE OF OP	ERATION	196 CONDITION FOR W	HICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
4	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		21b. TIME OF INJURY HOUR A.M. MONTH		IOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART	2)
MEDICAL	21d. INJURY OCC	T WHILE T	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O		OCATION STREET	CITY OR TO	wn county	STATE
	sow the dec	eased alive on	al) attended the/deceosed f		in (my) (our) opinion	deoth accurred on the d	ate and hour and from	, that (I) (we) lost the couses stated
	22b. SIGNATURE		view the body latter death.	DEGRE	ATTENDING	MEDICAL STA	FF	ATE SIGNED
1	224 PHYSICIAN	S NAME (TYPE OF	PRINT	22e		5 HOSPITAL		TE 104
	RECE	FROL.	M.D.			NTE MARYLA		
230	BURIAL, CREMATIC		23b. DATE	23c NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial		5 Sept.198	4 Old San	Juan Ce	mt. Öld s	an Juan, P	uerto I

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

Singleton Funeral Home, AGlen Burnie, MD

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE
SFD 1 1094



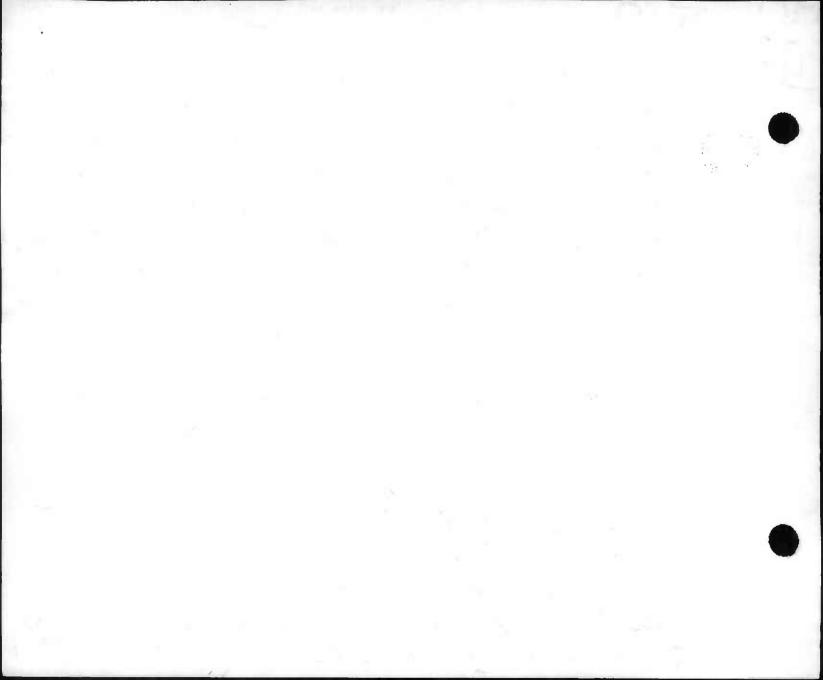
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23334	3	5	3	-7	2	
and the same of th	9	0	li li	S	Section	

ı	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
ı	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	
ı	(TYPE OR PRINT) CHARLE	S ROBERT CA	ARROLL	9	22 84 3:55 AM
1	3. SEX	4 RACE 5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	Male	Cancasian 10	15 Of	8283	MONTHS DAYS HOURS MIN.
2	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIE	D ANEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
	Lowa	USA WIDOWE		ANNE ARUNDED	COUNTY MD.
3	ANN APOLLS	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDEL GEN	1 1/2.00	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY HEAVY EQUIPMEN
0	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		13e STREET ADDREŞS / ZIP (
2	MD ANNE		YES NO	1203 MCKINLI	EYST. 21403
1	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE	I IAST I
	Hndrew	Carroll	Hlice		Williams
	(YES, NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATES)	17. INFORMANT	ADDRESS	1203mcKinleyst
	_NOI	- 287-05-2093	MargareT	E. Carroll	-Hangpold, MD
1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c) ED BY:	+ stal		BETWEEN ONSET AND DEATH
1	IMMEDIA	TE CAUSE (0) PECLUVIEN	e recor		1000043
1		DUE TO, OR AS A CONSEQUENCE OF	Schonosin		(100 23)
ı	Conditions, if any, which gave rise to immediate	(b) Allesta 0-	2001070		96000
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANTS	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CONDITION	I GIVEN IN PART 110
		a: Wernia: +	MOMBIOLI	a: Ca of	touque
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	ME CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	700 AUTOPSY? 206. INC	F YES, WESE FINDINGS USED ERTIFYING CAUSES OF DEATH?
-	STEE			YES NO	YES NO
	OR COLUMNIA CALLER OF DE	THE WORLD AND MODIFIED DAY VEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
	S CIFETHER NOTIFY MEDICAL EXAMINE	AIR		<u></u>	
	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK	11/10		-	<i>(</i>
	sow the deceased alive or	1112/1011	, 19		
	obove, (i) (we) (did) (did	view, the blody ofter death.		death accurred on the date and	hour and from the causes stated
	O O A	1016 Oc. 5 M	ATTENDING)	MEDICAL STAFF	DATE SIGNED
4	22d. PHYSICIAN'S NAME (TYPE O	OR PRINTI	PHYSICIAN (2)	DIRECTOR PHYSICIAN	19-22-04
	Para I 11	684×114	11110 FINAL	+ Andre Am	in holi. hid 211102
\dashv	23a. BURIAL, CREMATION, REMOVAL	L 236 DATE 236 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	410W, 114, 4403
	CIFY)	5-t. 25108 01=	11	C CITY OR TOWN	AM a Cours ou
	24 FUNERAL DIRECTOR	DEPINASIAN CELE	h Haven	E REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
	AME C	APPESS	SCMN SE	P 2 4 1984	a varidoon-vandos



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4		STATE OF MARYLAND							
Ί	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE _ 2 3 0	4 5					
ı	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.						
ŀ	I. DECEASED NAME FIRST		20 DATE OF DEATH MONTH DIE	2b. HOUR					
I	Alye	B Childress	Sept. 7 198	4 6 P M					
I	Male 1. R	White Nov. 19 1926	AGE (IN YEARS LAST BIRTHDAY) IF U	INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.					
ţ	BIRTHPLACE (STATE OR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY? 8	BALTIMORE CITY OR COUNTY OF	DEATH					
1	COUNTRY	U.S.A. MARRIED NEVER MARRIED	Anne Akund	e/ MD.					
4	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FASILITY, GIVE STREET ADDRESS	20 USUAL OCCUPATION	126. KIND OF BUSINESS OR					
1	HARAPOlis H	Thre Helindel Gen, tosp	Truck driver	Arundel Corp					
1	DEFINE PROPERCY (IF NURSING HOME OR OTHE	er institution, give residence before admission) 13 city or fown 13d. Inside city Limits? 1 Yes No (A)	30.STREET ADDRESS / ZIP CODE	21122					
Ţ	FATHER'S NAME	15. MOTHER'S MAIDEN NAME							
4	ALVE FIRST FIRST	Childress Mary Eli	zabeth Shuff	Clebarger					
1	160 WAS DECEASED EVER IN U.S. ARMED		ADDRESS						
ł	YES, NO OR UNKNOWN) (IF YES, GIVE WA	23/-22-9177 Irene L. C	Childress (same	e as 13e)					
	18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C.		16 E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) METATAS IS TO DUE TO, OR AS A CONSEQUENCE OF	BARIN						
ı	PART 2 OTHER SIGNIFICANT CON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra							
ı									
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		/ERE FINDINGS USED IG CAUSES OF DEATH?					
١	E		YES NO YES] NO []					
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	D (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART ()					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
		6 1 2 1 1/1	ta 9/7/1/1, 19. ath occurred an the date and have a	, that (I) ind fram the causes st					

ould be detache in the Store Dep

PORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECT

236 BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

CITY OR TOWN

Glen Burnie

MEDICAL STAFF
DIRECTOR PHYSICIAN

Md. A.A.

22c. DAJE SIGNED

Glen Haven

Mem REGISTRAR 25 REGISTRAR'S SIGNATURE

Gonce 4001 Ritchie Hwy Balto. 24 FUNERAL DIRECTOR
Seorge Gor

1984



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Fage 4 may be

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or ather traumatic event, the medical examiner

STATE			

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4.4	0	10		

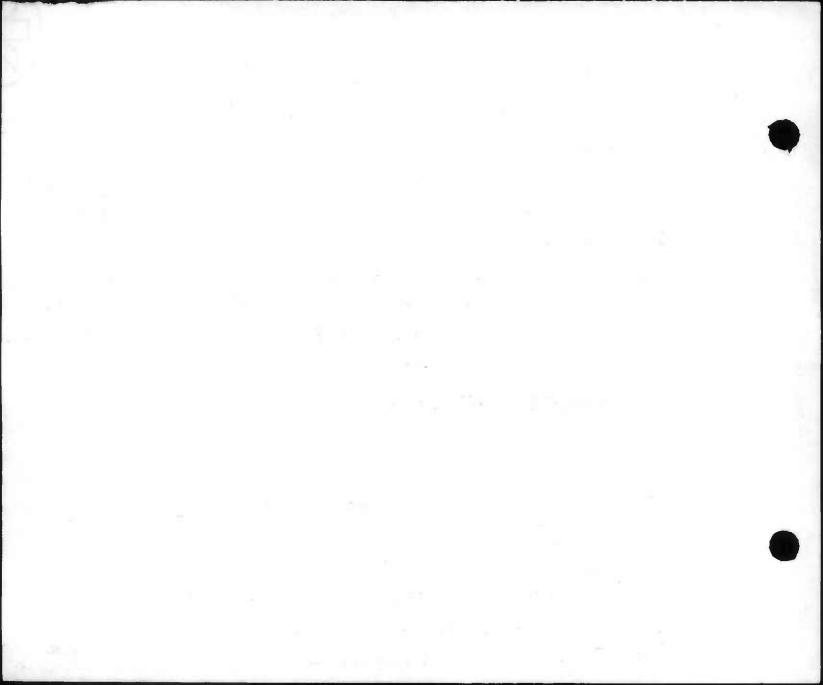
SEP 2 4 1984 whis Davidson-Rondon

>	1-	FOR STATE	DEF	ARTMENT OF HEALTH CERTIFICAT			. 0 0		4
	T DÉC	REGISTRAR CEASED NAME FRST	MIDDLE	LAST		REG. No.	O. MONTH DAY	YEAR	26 HOUR
- 4		OR PRINT)	0	01	11 00	The DATE OF DEATH	4	04	50
\	_	Chittord	(, a,	CLak	K. SR.		9-23-	8/	/ am
1	3. SEX		4 RACE	5. DATE OF BIRT	H DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTH MONTH	Den I Ignin	HOURS MIN.
J		MaLE	WhITE	6	16 01	83	YRS.	1	
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
5	′	1000a	USA	WIDOWED	DIVORCED [Hnne!	Arun	lel	Co. MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTH	ER INSTITUTION	120 USUAL OCCUPAT		NDUSTRY ,	BUSINESS OR
25	a	21/00-0N		0	EN HOSP	Ret. Ow	ner	Loha	Istery
25	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN			NSIDE CITY LIMITS?	13e.STREET_ADDRESS	ZIP CODE	,210	35
20		Mod. a	a. Davi	dsonville YES	□ NOM	3552 Po	Tuxen	1 RW	er Rd
	14. FA	THER'S NAME FIRST	MIDDLE JA		OTHER'S MAIDEN NA	ME	•	LAST	
26	14	erbent De	Granger	lark	Ur	Known			
)	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO. 17 IN	FORMANT	ADDRI	ss Same	که ره	
1	()	(IF YES, GIV	VE WAR OR DATES)	2-2999A A	ma M.	Llark-	井	3	
		18 CAUSE OF DEATH Enter on			1.4.6	4.00		BETWEEN OF	NATE INTERVAL
	H	PART I. DEATH WAS CAUSE	TE CAUSE (D) CACA	10 PULH UN	INCY A	ELES!		201	DOEN
			DUE TO, OR AS A CON	SEQUENCE OF			:		
		Conditions, if any, which	(b) CARI	EACHON	MY			CHT	SONIC
	1 1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					
	1 1	underlying couse lost.	(6)	SEGOCIACE OF					
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT F	RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN I	N PART 110	
	CERTIFICATION	DIAMET	ES MEL	LINS					
7	1 F	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WA	SPERFORMED	20a AUTOPSY?	206 IF YES, WE		
din.	Ě					YES NO	YES []	NO [
0	1 8	71a. ACCIDENT WAS UNDERLYING	TIONED A MA MONIT		HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IN ITEM IB PART I	ORPART 2)	·
7	ICAL	OR CONTRIBUTING CAUSE OF DEA		DAT TEAR					
	MEDIC	714. INJURY OCCURRED	21e. PLACE OF INJURY	216. 1	OCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	₹	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE, FARM. ETC.)	SIREET	. /		- (
		276.1 certify that (I) (this hospi	itals attended the deceased,	tion_ 9/2	19 6	10 9/1	. 195	1	na (I) (we) lost
		saw the deceased alone	= 9/22/84	_19 and that	in (my (our) opinion	death accurred on the d	ate and hour and	d from the c	ouses stated
		17h SIGNAPORE	ar) New Me body offer death.	DEGRA	£)			22c DATES	IGNED
		190	The	1/1	ATTENDING PHYSICIAN	MEDICAL STA		9/14	HRV
- 8	1	ZN. PHYSICIAN'S NAME THE	OR PRODE TO	1200	ADDRESS	_ DIRECTOR _ TITISK	IAIT E	110-7	144
		Stowad	Krimins	m.D 2	5 Shau	st. Ann	apolis	s. Mi	
	23a. B	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	-		
		SECITY)	K - 1 n1 1991	1011110	llains	CITY OR TOWN	" allow	MI D	MI
	8.7								
_	24 E	JUNE AL DIRECTOR,	De 176,1114	TIII Hu	25g, DA	TE REC'D. BY REGISTRAR P 2 4 1001	1 May Day	SSIGNATU	JRE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.



7	
*	. Poge 4 moy be
	death
AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mc
IVISION OF VITAL	JG PHYSICIAN: The
	SPITAL OR ATTENDIN
	O HO

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

D. A.	-7		2	1
6.0	V	12	and	100

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10	
1. DECEASED NAME FIR	T .	WIDDLE	į.	AST	20. DATE OF DEATH		YEAR 26. HOUR D
(TYPE OR PRINT)	ILONA	MARLEN	E	CLUM	Sept. 19	, 1984	1245 M
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER	DAYS HOURS MIN.
Female	Caucas	ion	Dec	. 28 , 1952	31	YRS.	DATS HOURS MIN.
d. BIRTHPLACE STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY		ATH
Germany	Germa	nv	WIDOWE		Anne Aru	ndel Count	y MD
O. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12h	KIND OF BUSINESS OR
Ft. Meade, MD		ugh Army		tal	Housewife	OF WORKING LIFE) IND	ouse hold
	me or other institution.	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	cGee Ct. 2	20155
A FATHER'S NAME, Adelbert	MIDDLE C/	boRN IAST		MARGINA KWO	ME	Hiergest	fiel
60 WAS DECEASED EVER IN U.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	/	
(YES, NO ON ON ON ON ON	es. GIVE WAR OR DATES)	300-674-	8074	Harold L.G.	Clum - (Hu	sband) San	ne Address
18 CAUSE OF DEATH (En		line for (o), (b), on	d (c).)			BE	APPROXIMATE INTERVAL
PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	Respira	atory	Arrest			
		R AS A CONSEQUE					
Conditions, if ony, whi		K AS A CONSEQUE	M	letastatic Gli	oblastoma		12 Mo.
gove rise to immedio	te)						14.
underlying couse lo	1000,0	r as a conseque	ENCEOF				
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN IN P	ART Iro
19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYR	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
Ĭ.					YES TX NOT	IN CERTIFYING C	AUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	F INJURY		21c. HOW INJURY OCCURE			
OR CONTRIBUTING CAUSE	OI DEATH		AY YEAR				
(IF EITHER, NOTIFY MEDICAL EX	21e. PLACE		19	21f. LOCATION			
WHILE NOT WHILE C	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR 1	OWN COU	NTY STATE
220.1 certify that (I) (this	haspital) attended th	e deceosed from _		, 19	, to	. 19	, that (I) (we) lost
sow the deceosed oli obove, (1) (we) (did) (c	ve on	ofter death.	or	d that in (my) (our) opinion o	death accurred on the c	late and hour and fre	om the couses stated
225 SIGNATURE	(D)	1		DEGREE		220	DATE SIGNED
Muchel	o VI till	mo-95	71	ATTENDING PHYSICIAN D	MEDICAL STA		
22d. PHYSICIAN'S NAME	TYPE OR PRINTY		-	224 ADDRESS			
Manhala D	Filling-k	atz CDT	MC	KIMBROUGH	ARMY HOS	PITAL	
Michele R. 230. BURIAL, CREMATION, REMO		123, N	NAME OF C	EMETERY OR CREMATORY	123d LOCATION		/
CHEMATIN	9-21-	84	1.1	FUPW	FUSY OR TOWN	COUNT	M. STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral all should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

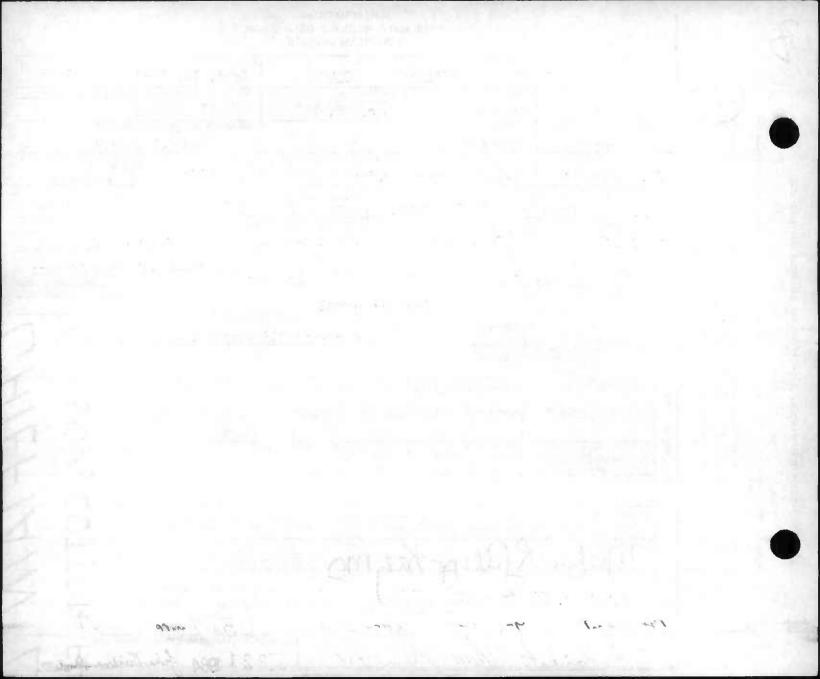
WPORTANI: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol exon

must be notified at once

24 FUNERAL DIRECTOR

ANN - Me 11481 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE D

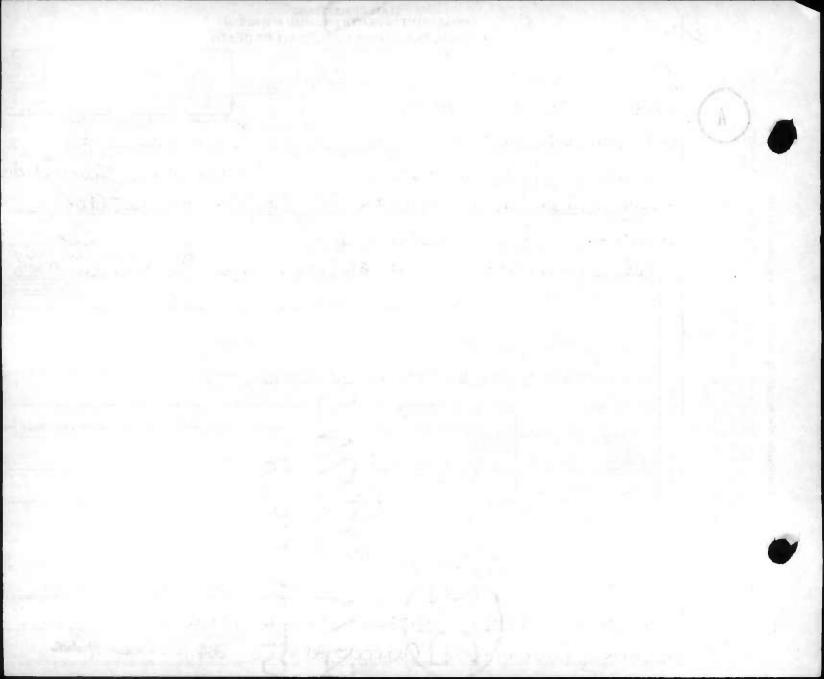
Julia Tairdon An



20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	M	EDICAL EXAMINE	R'S CERTIFICATE OF	DEATH REG. N	0.	
1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	LAST	OF ESTI- DEATH MATEDXX	MONTH DAY YEAR	2b. HOUR
	William	W	Cole		2 20 170 1	٨
Male W	hite 9 15	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS M	PRONOUNCED DEAD	9-30 1984	2d. HOUR 2-15
FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
ID CITY OR TOWN OF DE	5, D. C. U.S	OSPITAL, NURSING HOME, O	WIDOWED DIVORCED	Anne Arunc	del County, PEOF WORK 1126 KIND OF BL	MD
	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUST	
	URSING HOME OR OTHER INSTITUTION.	Belmont Road GIVE RESIDENCE BEFORE ADMISSION)	Salesman	SENDUL	WISUR
Maryland	ans geny	el Edgewak		308 Bely	out aue.	37
1. FATHER'S NAME	MIDDLE	CAST	15. MOTHER'S MAIDEN	NAME	LAST	
Walter.	R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY I	NO. 17. INFORMANT	C &	Cox	h
(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		. 0		l'odu uniacil	reso
Yes In CAUSE OF DEA	TH (Enter anly ane cause per li	577-42-5	MAINICHURD	Lole Dant	APPROXIMATI	QU'/
PART I DEATH V	VAS CAUSED BY:	Sunshot Wound	of Head	(handgun)	BETWEEN ONSE	T AND DEATH
	DARKEDINIE CHOSE (G)	OR AS A CONSEQUENCE OF		(Harlagari)		
Canditians, if						
cause (a) stating	g the under- DUE TO, C	OR AS A CONSEQUENCE OF				
lying cause last	: (c)					
	NT CONDITIONS CONTRIBUTING TO DEAT	TN BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PART 1	(4)		
19a DATE OF OPER	ATION 196 CONF	DITION FOR WHICH OPERAT	TION WAS PERFORMED?		20 ALITOPSY	2
190 DATE OF OPER 190 DATE OF OPER 210 EXTERNAL CAU CONTRIBUTING M CONTRIBUTING M WHILE NOT					20 AUTOPSY (head YESXX	only)
210 EXTERNAL CAL	JSE WAS 21b. TIME	OF INJURY est.	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18		110 []
UNDERLYING X			subject shot h	nimself		
214 INJURY OCCUR	RRED 21e PLACE	E OF INJURY (AT HOME,	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	VV Hille XZI I	Home	308 Belmont Ro			
220 Licertify that	Mpak charge of the remains d	(bead only			Md.	
death resulted from			7-1	Undetermined manner .	, , , , , , , , , , , , , , , , , , , ,	
1	10. 101	1 4-1	TATLE (SPECIFY)			
	William M	X Zuen yn	Assistant	MEDICAL EXAMINER	DATE SIGNED 10-1-	84
SIGNATURE U	1					
SIGNATURE	Donnie E C	with who	- חונו	nn CL Dall-	MA 0100	1
EXAMINER'S NAME (TYPE OR PRINT)	Delilits t. ou			enn St., Balto	o., Md. 2120	1
EXAMINER'S NAME (TYPE OR PRINT) 230, BURIAL, CREMATION, (SPECIFY)	REMOVAL 236. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY SI	TATE_
EXAMINER'S NAME (TYPE OR PRINT)	Delilits t. ou		TERY OR CREMATORY 1 EW Mem. PK.		COUNTY 51	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral disshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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10
- 1

STATE OF MARYLAND

- 1				FMAKTLAND			5 9
- [:	FOR STATE REGISTRAR	DE		LTH AND MENTAL HYC		000	3 4
	REGISTRAR			ALL OF PENTIL	REG. NO.		
	DECEASED NAME FIRST	MIDDLE	(Add'	(CONRADI)	20. DATE OF DEATH	ONTH DAY YEA	AR 26 HOURS
3	SEX	14 RACE	5 DATE OF E		6 AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER IN	YEAR IF UNDER 24 HRS.
	FEMALE	WHITE		02 96	88		DAYS HOURS MIN.
7 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	BALTIMORE CITY OR ANNE ARE		Н
	NEW YERSEY	0011.	WIDOWED				MD
3 /	ANNING LU	11. NAME OF HOSPITAL, N HENOT IN SUCH FACILITY, GIV		OTHER INSTITUTION		N 126 KIN SORGING LIFE INDUS	ND OF BUSINESS OR TRY
	SUAL RESIDENCE LIF NURSING HOME BO. STATE 13b. CO	OUNTY AND BISCEITY OF	MTOWN 113	d. INSIDECITY LIMITS?	130 STREET ADDRESS / 3 11 MAGOT		21147
14	FATHER'S NAME	MIDDLE		MOTHER'S MAIDEN NA			LAST
5	KOBERT		VCOES	ANNA		Sc	HRAMM
16	WAS DECEASED EVER IN U.S.			INFORMANT	ADDRESS	119 EDE	EWOOD AUG
	(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) /38//	14/0923	WILLIAM H.	CONRADI	CLIFTON.	
-	18 CAUSE OF DEATH (Enter	only one couse per line for (o).	Ibe and ican	- / /		APT	PROXIMATE INTERVAL VEEN ONSET AND DEATH
1	PART I. DEATH WAS CAU	ISED BY	95 NATIC (MANCIOCA	ARCINONA		
	IMMED	TATE CAUSE (o)	07111	O. T. O.	0, 1, 0		
		DUE TO, OR AS A CON	ISEQUENCE OF				
	Conditions, if ony, which gove rise to immediate	(b)					
П	couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			1	
П	underlying couse lost.	(c)					
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDI	HON GIVEN IN PAR	RI Ira
1 8	Z						
- ₹	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b CONDITION FOR V	WHICH OPERATION \	WAS PERFORMED	20a AUTOPSY2	Ob. IF YES, WERE FIT	NDINGS USED
1 8	2					N CERTIFYING CAL	
1 5	AL ACCIDENTAL AND ADDRESS OF THE PROPERTY OF T	216. TIME OF INJURY		1. HOW INTURY OCCUR	YES NO M	YES [NO []
	OR CONTRIBUTING TO CAUCE OF	USUID A II MONIT		IC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM IS PART LORPAR	(1.5)
13	S (IF EITHER NOTIFY MEDICAL EXAMI		19				
3	(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY		If LOCATION	CITY OR TOWN	(OUNT	Y STATE
13	A MOI WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC)	SIREE	11 C-10	COOK!	SINIE
			- TX	9	9 9/8	32	
		ispital) attended the deceased	/		, 10	190	, that (I) (we) last
П	sow the deceased plive obove, (1) (we) (did) (did	not) view the body after death.	_19 ond 1	that in (my) (aur) apinion	death accurred on the date	and hour and from	the couses stated
	27b. SIGNATURE	Tal //2		GREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		9/8/89
1	1220 PHYSICIAN'S NAME (TY)	PE OR PRINT)	, mo 2	103 Gick	Ins Auc.	Portel 1	3. Harran
23	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	13d LOCATION		
1.	(SPECIFY)	Ser. 10, 1984	1 42	No. 51	CITY OR TOWN	COUNTY	STATE
-	PURIAL	JEFT. 10, 1784	LAUREL GAO	WE MERIALTA		PASSA	
24	FUNERAL DIRECTOR	4	Tal RITCHI	E May 250 DA	TE REC'D. BY REGISTRAR 25	A REGISTRAR'S SIG	NATURE

DHMH - 16 50M 4/83

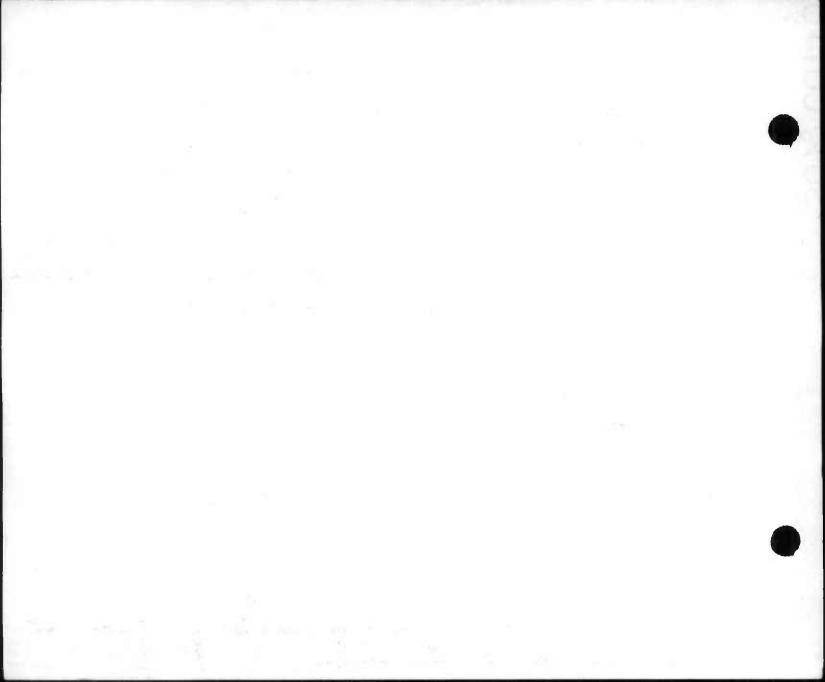
BP.

retained by the hospital or attending physicion.

(VRA 15, 4)

BARRANCO FUNERAL HOME

SEVERNA PARK, MD SEP 14 1984 Julia Davidson-Randale



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical example

STATE OF MARYLAND

DED A DEMCNIT OF REALTH AND MENTAL HYCKNE

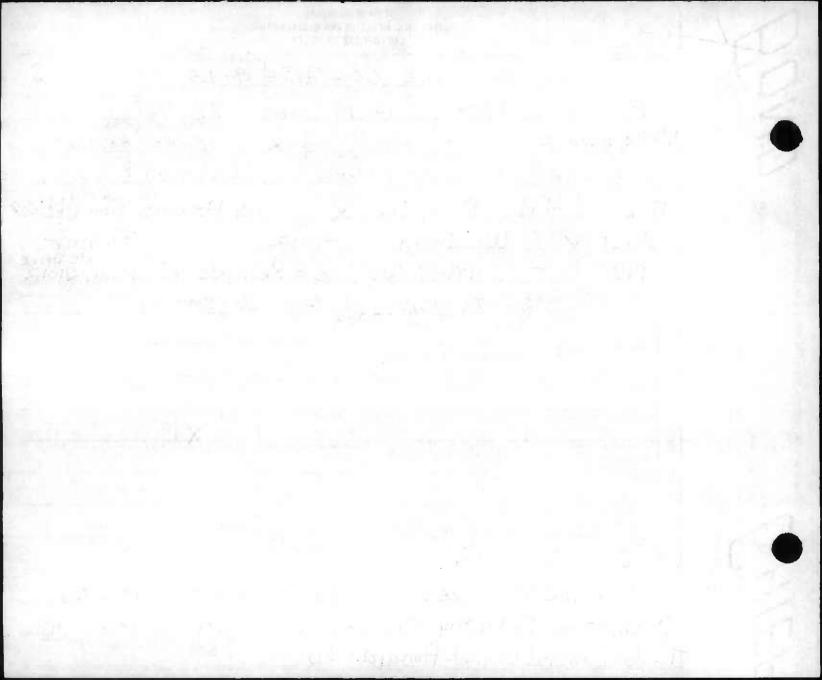
23	6		The same of	
6 -	5	V	and .	1

1	1-	STATE REGISTRAR			DEFARI	CERTIFI	CATE OF DEA	TH	4-2	NO.	0 0	0
Ì		EASED NAME OR PRINT)	MATI	LDA	AGNA	ES C	ONSTA	NTINE	20 DATE OF DEATH	- 84	AY YEAR	8 AM
	3. SEX	Fema	e	CAL	ve	S. DATE O	F BIRTH	YFAR G6	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	07	MUSSLIVE	17) 874-	U	SA	WIDOWE		RCED 🕱	9 BALTIMORE CIT	NNE	A RUN.	DEL MD.
7	10. CIT	DGEWA			OSPITAL, NURSING FACILITY, GIVE STREET		ROTHER INSTITU	TION	120 USUAL OCCUP (TYPE OF WORK FOR MC		12b. KIND C	F BUSINESS OR
2	13a S	nD		HER INSTITUTION	CITY OR TOW	Niel	13d INSIDE CITY YES NO		130 HC	ss / zip code	Roa	dA61/008
1	(GUSTO		Wo	eidma	n	IS MOTHER'S M.		MIDDL		Pan	ter
		AS DECEASED EVE	(IF YES, GIVE W		186 SOCIAL SECT	-2108	Jane	E.Rx	chands	-Arno	Um bi	21012
		Conditions, if or gove rise to in couse (a), sto underlying cou	IMMEDIATE (my, which mmediate ting the	DUE TO, OR	RAS A CONSEQU	BLAD ENCE OF	VAL CE	E N.	CARCII	VOMA	BETWEEN:	MATE INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SI					NOT RELATED TO		20a AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDII	NGS USED 6 OF DEATH?
7		21a. ACCIDENT WAS CONCONTRIBUTING	CAUSE OF DEATH	21b. TIME OI HOUR A.A	M. MONTH D	AY YEAR		RY OCCURRE	YES NO	YES		NO [
	MEDICAL	WHILE NOT AT WORK	WHILE	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY C	RTOWN	COUNTY	STATE
		sow the dece obove, (I) (we 22b SIGNATURE.	(I) (this hospital) ased alive an) (did) (did not) v		19	, on		19 r) opinion d	, to eath occurred on th			
	-	22d. PHYSICIAN'S	NAME (TYPE OR PE	M 3	Kinzer		ATTE	NDING SICIAN [MEDICAL SIDIRECTOR PHY	STAFF YSICIAN [Tat. Date	310112
	22 p. B	Char URIAL, CREMATION	desl	U.KI	nzer	NAME OF C	I LO DU	rrai	AVE-1	Innap	olis, M	<u> </u>
	C	PEMOZ INERAL DIRECTOR	N, REMOVAL	Sept 16	0,4784	red.	ar Hil	250 DATE	SUIT	and PAR 236 REGIST	PG-	(Carpendy
	To	aytor Fr	ineral	Cha	pel-Br	nap	OM, 27/c	5E	7 7 7 1984	*	260 (same	*

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or attending physician.

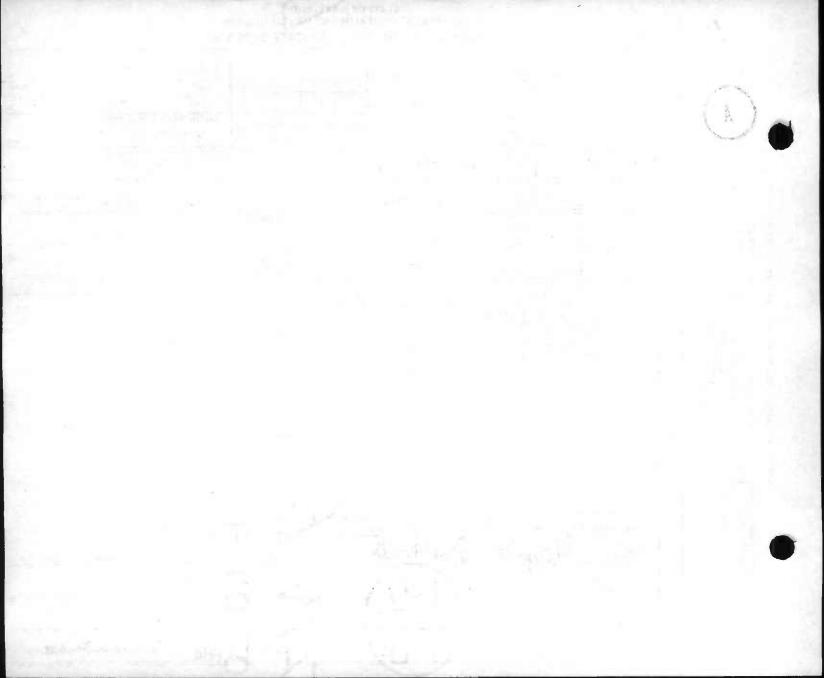


20M 4/B2

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE							
MEDICAL EYAMINED'S CEDTIEICATE HE	DEATH							

6.10		1
	DEC	NIO

	ECEA	SED NAME	FIRST		MIDDLE			LAST			2e. DATE	KNOWI			DAY YEAR	2b. HOL
	YPE OR	PRINT)	SANDRA	A		LYN	N	C	OOK		OF DEATH	MATED		9-26-	-84 ₁₉	
3. SI	ex ema	le Wh	MO	ATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 31 YR:	MONTH		HOURS	24 HRS. MIN.	Žc. DAT PRONOU DEA	NCED	, (ионтн 9-26-	-84 ₁₀	3:30
7 a.	BIRTH	PLACE ISTATE OF COUNTRY)	7b C	ITIZEN OF WHI			2	ED X NE	VER MARR				_		OF DEATH	
ID.	CITY (en Burni		NAME OF HOSP			OR OTH	ER INSTITU	TION	FOR	NAL OCCU	RKING LIFE		WORK 12	OR INDUS	USINESS TRY
13a.	JAL R STAT Md.		IURSING HOME OR OTHE 136 COUNTY Anne Aru		13c. CITY	BEFORE ADMISSIO OR TOWN n Burni		13d INSIDE CI	TY LIMITS?		EET ADDR	ESS • K Ha	a mme	erlee	Rd210	061
	Jan		C. MIDI	Rh	oten	AST		Ma	rst ry	EN NAME	0.	MIDDLE		embol	d LAST	
	WAS (YES, N	DECEASED EVE O. OR UNKNOWN)	R IN U.S. ARMED F			IAL SECURITY 66-035		Mr. D		1 E.	Cook	Sai				
	18	PART I DEATH	TH (Enter anly one WAS CAUSED BY: IMMEDIATE CA				of	head							APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEAT
		Canditions, if	any, which	DUE TO, OR A	S A CON	SEQUENCE O)F									
		cause (o) statin	g the under-	DUE TO, OR A	S A CON	SEQUENCE O)F									
N		RT 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRI		IT NOT RELAT	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PA	RT 1 to						
FICATIO	19	DATE OF OPER	RATION	19b. CONDITI	TION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?					
	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM P.M. 9-26-849			MONTH 9-26	DAYA YEAR		ow INJURY			NATURE OF H	UURY IN ITE	M TB PART	T 1 OR PART	YESXX	NO L	
CALCERTI	UI								FINJURY LATHOME. 211 LOCATION					ITV AA	Lanstate	
MEDICAL CERTIFICATION	21 W A	NTRIBUTING [CAUSE OF DEATI	21e PLACE O	FINJURY	LAT HOME.	211 LO	CATION	ammer	lee	Rď ^{rý or to}	Gler	n Bu	rnîë	, Mary	tanu
MEDICAL CERTI	A	ONTRIBUTING [INJURY OCCU HILE NO WORK AT	CAUSE OF DEATI RRED T WHILE WORK t I taak charge of t	21e PLACE OF STREET, FACTO NOME	F INJURY PRY, FARM, ET	(AT HOME, C.)	15	CATION	Inspection	n .	Rd.			rn Te		Cand
MEDICAL CERTI	A	NTRIBUTING INJURY OCCU HILE NO WORK AT	CAUSE OF DEATI RRED T WHILE WORK t I taak charge of t	21e PLACE OF STREET, FACTO NOME	F INJURY RY, FARM, ET	(AT HOME, C.)	211 LOG 15 Autap	CATION 2-K H	Inspection in the Inspection i	un	Inquiry ermined m	anner [n my opin		tand
	A AC SI	PATRIBUTING INJURY OCCU HILE WORK AT 22a I certify tha eath resulted fra CTUAL GNATURE AMINER'S NAM PE OR PRINT)	CAUSE OF DEATI	PLACE OF STREET, FACTO HOME	FINJURY RY, FARM, ET ribed above Accident Kore	Ve, held an	Autap	CATION ZET HAMIC TITLE (S DASS ADDRESS	Inspection	under MED Penn	Inquiry ermined in	anner [n my opin	nion	tand



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH

	WIDDLE	(AST
6	E.	COTTON
4. RACE		5. DATE OF BIRTH

DATE OF BIRTH

6. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

TEMALE To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARYLAND

MARRIED | NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH

FIRST

Jar

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED X

12b. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE

MARYLAND

GIVE RESIDENCE BEFORE ADMISSION

13e.STREET ADDRESS 113d INSIDE CITY LIMITS?

14 FATHER'S NAME

13a. STATE

FOR - STATE

TYPE OR PRINT

3 SEX

REGISTRAR

DECEASED NAME

PART I. DEATH WAS CAUSED BY

17. INFORMANT

Anterior Myocardial

MIDDLE

Infarction

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

		IMMEDIATE	CAUSE (a)
1			DUE TO
	Canditions, if any,		(b)
-	gave rise to imm cause (a), stating		DUE TO

Acute

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

underlying cause

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

190 DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY? NO 206 IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO 🗆

YES [

21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)

9-10-04

CERTIFICATION

MEDICAL

÷

9

morked or

+

MPORTANT

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21a. ACCIDENT WAS UNDERLYING

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY

21b. TIME OF INJURY

P.M

9-10-

YEAR 19

211 LOCATION STREET

CITY OR TOWN

STAFF

STATE

that (I) (we) last

saw the deceased alive an. above, (I) (we) (did) (did nat) view the bady after death 22h SIGNATURE

E. Kingsle

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

CATHEDRAL ST.

MEDICAL

ANNAPOUS, MD. 21401

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY

DEGREE

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

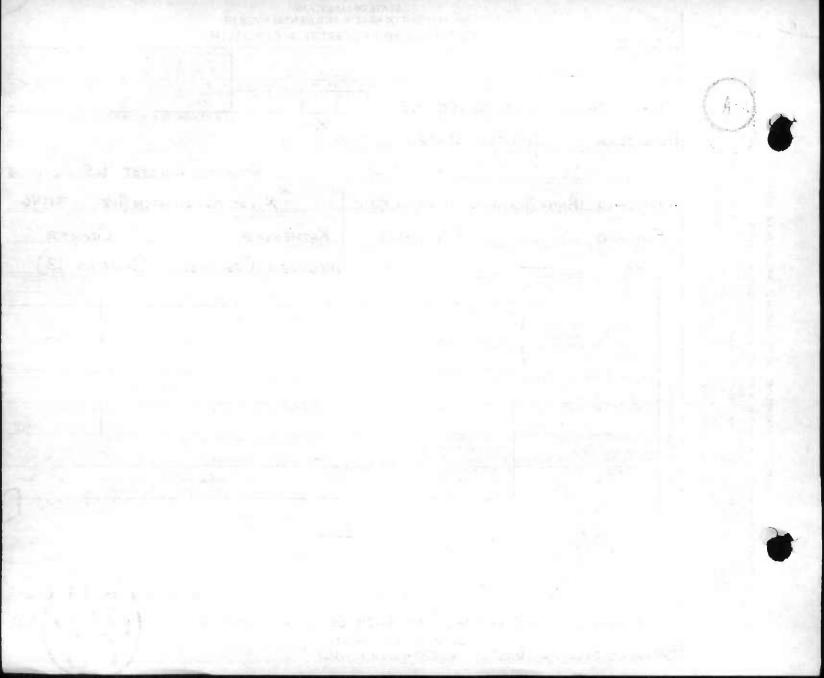
24 FUNERAL DIRECTOR

220 I certify that (1) (this haspital) attended the deceased from



DHMH - 17 (VR A15 ME (5)) 20M 4/B2

24 FUNERAL DIRECTOR



O MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

ol director, page 3

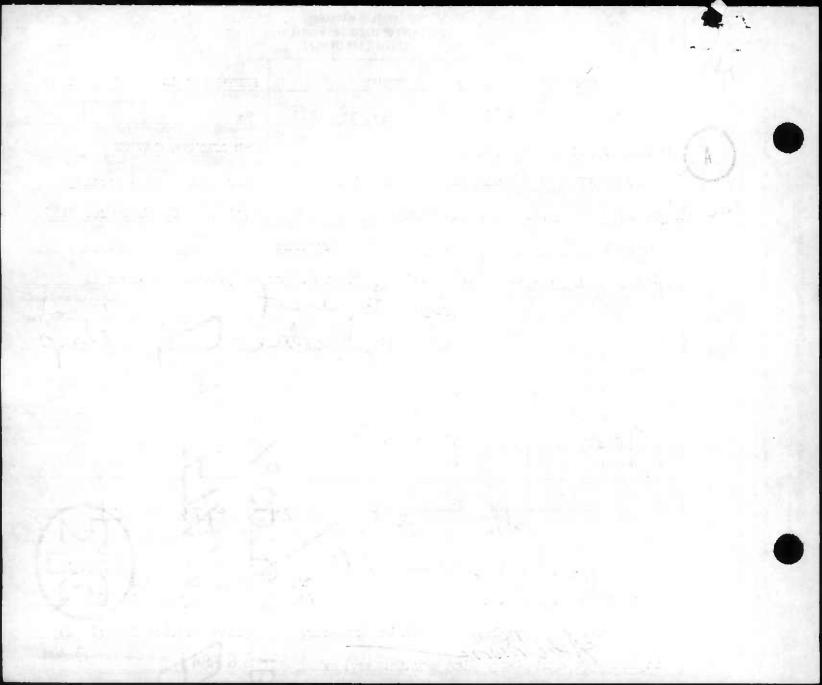
rs after

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	
CERTIFICATE OF DEATH	0

3 3

FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 0 5	EDT	
1. DECEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH MO	NTH DAY YEAR	2b HOUR	
(TYPE OR PRINT) CHARI	ES Edward	DEWE	v	SEPTEMBER 2	6, 1984	3:40	
3. SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHD.			
Male	White	July	31, 1886	98	YRS. DAYS	HOURS MIN	
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	V2 0		9 BALTIMORE CITY OR		1	
Howard Co. MD	U.S.A.	WIDOWED	□ NEVER MARRIED □	ANNE ARUNDEL	COUNTY	A	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OF		120 USUAL OCCUPATION	126 KIND (OF BUSINESS C	
GLEN BURNIE	NORTH ARUND		ITAL	Farm Help	ORKING LIFE) INDUSTRY Farm:		
USUAL RESIDENCE (IF NURSING HOA	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)				1119	
	A.A. Glen Bu		13d INSIDE CITY LIMITS? YES ☐ NO 🔀	7885 E. Tal		21061	
14. FATHER'S NAME		urine	15 MOTHER'S MAIDEN NA	MÉ	I TINCS CC	. 21001	
Robert	MIDDLE LAST Dewey	.,	Harriett	MIDDLE	Curti		
60 WAS DECEASED EVER IN U.S			17. INFORMANT	ADDRESS	Carci	LS	
(YES, NO OR UNKNOWN) (IF YE	.W. II 215.32	4387	Viola D. Dur	mer (niece)	Same as 1	3	
	only one couse per line for looking	-	VIOIG D. Dui	L (HITCCE)		XIMATE INTERVAL	
PART I. DEATH WAS CA	USED BY:	ninit	- anes	1.	9.00	hu -	
IMME	DIATE CAUSE (0)	JU 01-	10 1			1	
	DUE TO, OR AS A CONSEC	DUENCE 97	En to	0	80	de a	
Conditions, if any, which		· 14	p rounn	20.		-47	
couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF					
	(c)						
PART 2. OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
21a ACCIDENT WAS UNDERLYING	118. CONDITION FOR WHI	CH OPERATION	AWAS PERFORMED	70s AUTOPSY7 17	th. IF YES, WERE FIND	NGS USED	
9/14/20	Hisa	C	Xa.	N CERTIFYING CAUSE	ING CAUSES OF DEATH?		
210 ACLIDENT WAS UNDERLYING	TID. TIME OF INJURY	tabe	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	VES []	MO L	
		DAY YEAR	I THE HOW II WORL OCCOR	KED TENTER NATURE OF INJURY II	HIEM IS PART ORPART 2]		
(IF EITHER NOTIFY MEDICAL EXAM		19	AU LOCATION!				
OR CONJETEUTING CAUSE OF CHIEF THER NOTIFY MEDICAL EXAMINATION OF COURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	CE, FARM, ETC	211 LOCATION STREET	CITYOR TOWN	COUNTY	STATE	
AT WORK NOT WHILE AT WORK				1			
	ospital) attended the deceased from	7 (1)	. 19		19	, that (I) (we) la	
sow the deceased aliv above, (I) (we) (did) (di	e on 976 19 d nat) view the body ofter death.	0 / , on	d that in (my jour) opinion	death occurred on the date	and hour and from the	e couses stated	
726. SIGNATURE	Ihn		DEGREE			ESIGNED	
1/14.	L to line		ATTENDING PHYSICIAN	MEDICAL STAFF	ND 9/2	7/84	
220. PHYSICIAN'S NA	THE CITATION			OSPITAL DRIVE		\	
RANDY F. DA	AVIS M D			BURNIE, MARYI			
23a. BURIAL, CREMATION, REMO		31. NAME OF CE	METERY OR CREMATORY	236 LOCATION			
Burial /	Sep 29,1984			Ellicott C	ity Howard	MD	
24 FUNERAL DIRECTOR	2 / /204	TTTHILLY			REGISTRAR'S SIGNA		
NAME /Y K	10 man Clare	5	0.5		ina vairdson		
singrecon rune	ral Home, Glen Bu	urnie.M	aryland St	1 4 0 1304		•	

DHMH - 16 50M 4/B3 (VRA 15, 4)



STATE OF MADVIAND

1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL	HYGIE	REG. NO.	5	, 5	q	
	EASED NAME	FIRST	٨	AIDDLE	L	AST		20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	
(I YPE	OR PRINT)	Lula		F.		Dill		9	1	84	3:59A	M
l. SE)	(4 RACE		5 DATE C		1.5	AGE (IN YEARS LAST BIRTHDAY)	- 100	NDER 1 YEAR	IF UNDER 24 H	
	Female		White	2	13NTH	Ti oʻ	3	81 Years	MON RS	THS DAYS	HOURS M	NIN.
S	RIHPLACE (STATE OR COUNTRY) Carolina		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED		Anne Aru				
_	TY OR TOWN OF DE.				WIDOWE	DIVORCED OR OTHER INSTITUTION		12a USUAL OCCUPATION			OF BUSINESS	MD.
	Len Burnie			rundel H				Atype of work for most of work Housewife	ING LIFE)		Maker	OK
13a. S	AL RESIDENCE (IF NUR LITATE LTY land	136 COUN	TY	134 CITY OR TOW Pasadena	'N	13d INSIDE CITY LIMIT		1634 Wall Dri	code 2	1122		
4. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE		E MIQDLE		IAS	ST	
	Deal		М.	Tinsley		Lött	ie	A		Stage	S	
6a V	VAS DECEASED EVER VES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	251-10-		17 INFORMANT Ruthell I	Macu	bbin Same a	e 13	Α.		
		1				Hudhell I	1000	DOTIL DOTILE S	(10		MATE INTERVAL	_
	18 CAUSE OF DEAT PART I. DEATH V			line for (a), (b), on			۸ ۵ .	dout		BETWEEN	ONSET AND DEA	ATH
		IMMEDIAT	E CAUSE (o)	eum	VINS	tular a	CC	ineur				
		f any, which (b) ASTENDSCUENCE OF										
	Conditions, if any gove rise to im											
		iuse (o), stating the DUETO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
Z	PART 2 OTHER SIG	MIFICANI	ONDITIONS <u>CC</u>	DINTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDITIO	GIVEIN	WALAKI U	0	
CERTIFICATION	19a DATE OF OPERA	TION	19b COND	TION FOR WHICH OPERATION WAS PERFORMED							NGS USED	
IFIC				•				IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
ERT	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c HOW INJURY OF	CCURRE	D (ENTER NATURE OF INJURY IN IT		OR PART 2)		
	OR CONTRIBUTING			m. month d m.	AY YEAR							
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION		CITY OR TOWN		COUNTY	STATE	
×	WHILE NOT W		(AT HOME ST	REET FACTORY, OFFICE, 1	FARM ETC)	STREET		(III OK IOWA		00.411	31416	
	22a certify that (8	28 , 19	84	, to 9	19.	84	that (I) (we)	lost
	sow the decease			31 19.6	4.6	nd that in (my) (our) op	onion de	eath occurred on the dote on	d hour or	nd from the	couses stoted	d
	226 SIGNATURE		ry view the bopy	affer death		DEGREE	-	/		22c. DATE	SIGNED	
		COM	Mind	na	N	ATTENDI		MEDICAL STAFF DIRECTOR PHYSICIAN		91	4/81	+
	22d. PHYSICIAN'S N	IAME (TYPE O				22e ADDRESS	01	Ε. Δ	D	11	Mh	
	2003 BUR	YA	P. M	IUNDR	A	203 €	la	aporo Aul	, Ba	Um	1212 r	1
	SURIAL, CREMATION	REMOVAL	23h DATE/8	4 C	edar I	EMETERY OR CREMATE	ORY	23d LOCATION CITY Balto	g	PUNTA .	Ma	ŧ

ne funeral directar within 72 hours of filed and 2 should be medicol nding physician and corbon papers. Pages or remov or other traumotic prior to buriol, Ö. the buriol-fronsit per and Mental Hygiene certificote 00, MPORTANT: If hem 21 is marked ar Item TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health BP.

3. SEX

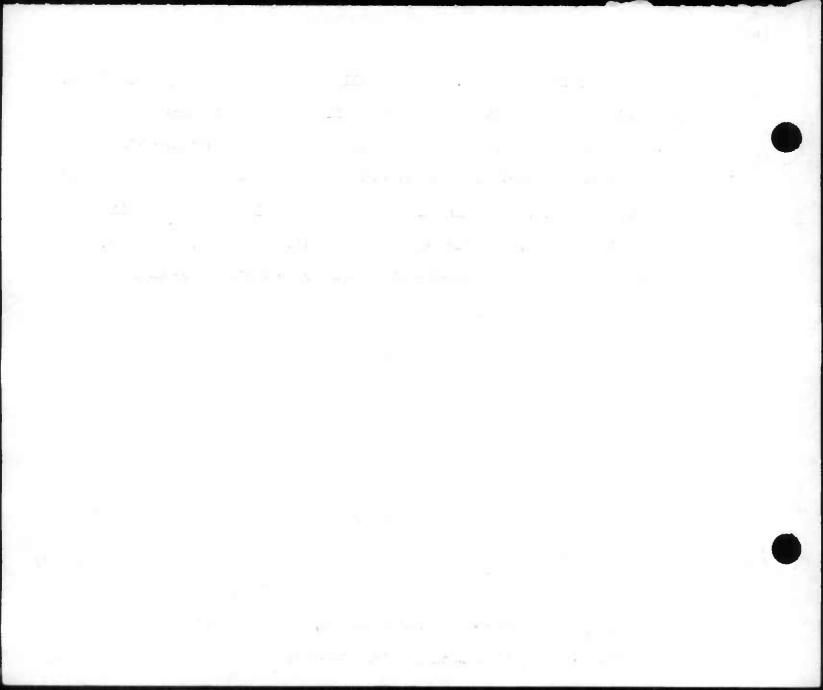
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto CITY Balto

1984

AUNTA.

250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE
NO. 1981 whia Davidson-Randelle



STATE OF MARYLAND

		EDT
AR	2h	HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	6. 0
(TXPE CIR PRINT)	1	DOMNEYS	20 DATE OF DEATH MONTH DAY YEAR SEPTEMBER 20, 1984
Female	Black	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR MONTHS DAYS YRS.
maryland	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIE WIDOWED DIVORCEI	
GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTIO TREET ADDRESS) DEL HOSPITAL	N 120-USUAL OCCUPATION (179-0) WORK FOR MOST OF MAKING LIFE) INDUSTRY
		EFORE ADMISSION) 13d. INSIDE CITY LIM YES	175? 13. STREET ADDRIES / ZIP COSE
Wrel	MEDIA Doms	uys Ethi	Com
		255 Hercel	L Donney 3 - 6/4 Homm
PART I. DEATH WAS CA	STATE REGISTRAR ECCEASED NAME FIRST ESTHER FACE A RACE A	would Alle	leng ht will
gove rise to immediate		& Proche	of Empreson

underlying couse list FART 7. OTHER SIGNIFICANT CONDITIO

No DATE OF OPERATION

77h SIGNATURE

CERTIFICATION

MEDICAL

AT HOME STREET, FACTORY, OFFICE FARM, ETC. I

19

NO THE HOW INJURY OCCURRED | I DATED WATURE OF PURIFY IN TERM OF PART I OR PART IT

TO JAKE TERMINAL DUMASE OR CO

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

716. TIME OF INJURY ZER ACCIDENT WAS UNDERLYING [1] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LE STHER, NOTEE MEDICAL ERAMINERS 714. INJURY OCCURRED THE PLACE OF INJURY

211 LOCATION 12066407

THE NAME OF CEMETERY OF CREMATORY

COUNTY

SUTTISM GIVEN IN PART TIE

STATE

22x-1 certify that (Ii (this hospital) attended the deceased for sow the deceased alive on, obose, (I) (we) (slid) (did not

DEGREE

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

724 PHYSICIANES NAMING THE OWNER ANASTAÇIO E. SUBONG, M.D. 22e ADDRESS 206 CRAIN HIGHWAY, S.W.

GLEN BURNIE, MARYLAND 21061

anover

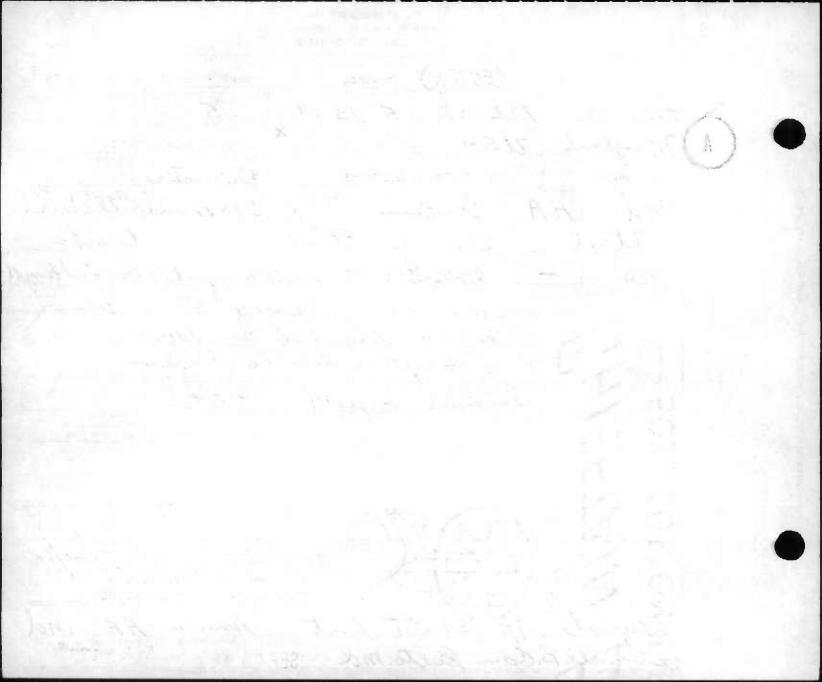
CITY OF FOWN

Dunal	1/24	187101	Re
UNERAL PRECTOR	20	011	. 0
Humall B.	Nielo-	ARRES To	mil

REGISTRAR 256. REGISTRAR'S SIGNATURE 10

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR



moy be

executed within 24 haurs after death. P

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronst permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept at Health and Mental Hygiene prior to buriol, cremation, ar removal.

MAPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be ribitified of once.

must be notified of once

٦						SIAII	OF MARTL	ANU			es l			178	
1	1	STATE			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG	IENE 44	6	0	:)	0	Ų.	
1	' -	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.				EDT	
ı		CEASED NAME	FIRST	A	AIDDLE	L.	AST		20 DATE		ONTH	DAY	YEAR	26. HOUR	_
ı	(TYPE	OR PRINT)	ADYS	1	R.	DO	RSEY		SI	ЕРТЕМВЕН	1/1	. 19	8/1	12:45	A.A
ı	3. SEX			RACE		5. DATE C	F BIRTH			IN YEARS LAST BIRTH		IF UND	ERIYEAR	IF UNDER 24 HRS	-
ı		Female	1	Whit	te	5 MONTH	1 DAY	12	72 YRS.			MONTHS	DAYS	HOURS MIN.	
	7a. Blf	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF \	WHAT COUNT	RY? 8	NEVER /		9 BALTIA	AORE CITY OR		Y OF DE	ATH		_
7	Ma	aryland		U.S.	Α.	WIDOWE		VORCED [I AN	NE ARUI	NDEL	COU	NTY	M	D
	10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NUI	RSING HOME C	R OTHER INS	TITUTION	12e USUA	AL OCCUPATIO	Ν	126		F BUSINESS OF	?
	G	LEN BURNIE				DEL HOS	PITAL			1 Press			Met	al	
d	USU A 13a S	AL RESIDENCE (IF NURS	ING HOME OR C		GIVE RESIDENCE BE		13d INSIDE C	ITY LIMITS?	13ª STREE	T ADDRESS (710 -	-			
4		Md		Α.	Glen B		YES [NO KX		South B	ride	ge L	r. 2	1061	
	I4 FA	THER'S NAME		NDDLE	LAST		15 MOTHER	S MAIDEN NAM	ME	WIDDLE			LAS	1	Ī
1		Willian		Н.	Nas	h	1	amie					Sch	ultz	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMA			ADDN					_
		No	(11 125,011	WAN ON DATES)	214-30	-7160	Jean	E. Whit	e 604	Shiple	y Ro				
1		18. CAUSE OF DEAT	H (Enter only	y one couse per	line for (a), (b)	, and Ich	~	٠	/				APPROXI	MATÉ INTERVAL ONSET AND DEATH	
		PART 1. DEATH W		CAUSE (a)	VNEC	MONI	1,10	Spira	hoi	U		\perp			_
				DUE TO, OF	AS A CONSE		16	1+	- /						
		Conditions, if any,		(b)	580A	haged	2100	7184U	C770	N					_
		cause (a), statin	g the	DUE TO, OF	AS A CONSE	QUENCE OF		1.0	a.	1-1-11	~		10	2115	
				(c)	Car	CCNO	ma g	1505	0	10/0	que				_
	z	PART 2 OTHER SIGN	VIFICANT CO	onditions <u>cc</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ase or condi	NON GI	VEN IN	PART lic	1	
4	CERTIFICATION	190 DATE OF OFERAT	ION	TION CONDI	TION FOR WH	ICH OPERATIO	NI MAAS DEDEC	DAAED	20- 41	JTOPSY?	20k IF YE	S WED	E EINIDIN	IGS USED	_
	FIC.	2/2	1204	Can	22/20	- / 0	Le tou	-/			IN CERTI	FYING		OF DEATH?	
97	ERTI	21g. ACCIDENT WAS UND	DERLYING T	21b. TIME O	11111	eal o	21c HOW IN	JURY OCCURR	YES L	NO T		ES D	PARE 2)	NO [_
		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LED TEINER	THE OF THE	H411EM 1G	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	MEDICAL	(IF EITHER NOTIFY MEDK		P./ 21e PLACE (19	211 LOCATIO	ON							-
	ME	WHILE NOT WH	ILE []		EET, FACTORY, OFF	ICE_FARM, ETC.)	STREET			CITY OR TOW	4	((VINIV	STATE	
		22a I certify that (1)		al) attended the	decensed for	m 81	19	10 AS	Z. to	9	114	10 8	4	that (I) (we) las	
		sow the decease	ed alive on_	-9/14		0.77	d that in (my	(our) opinion o	death occu	rred on the date	e and ha	ur and 1	ram the	couses stated	PI
		obove, (1) (we) (c 22b SIGNATURE	(did per	view the body	ofter death.		DEGREE					27	N. DATE	SIGNED /	-
			(4	4	Yol.	1		ATTENDING PHYSICIAN	MEDICA	AL STAFF	ПИ		9	115/84	Ŀ
j		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)	1	an 1	22e ADDRES	1.3-	- MECT	/			^+	- Jes	
		AnthuL	L.	Gudu	Jint .	M. D	7310	Ret	hio	Haul.	6/	en	BUN	NIE M	1
	230 B	URIAL, CREMATION,	REMOVAL	23h DATE	12	3c NAME OF C			23d LO	CATION					=
	(SPECIFY) Burial		9/17/8	34	Woodla	wn Ceme	etery	B	alto		COUN	Balt	o state	

DHMH - 16 50M 4/83 (VRA 15, 4)

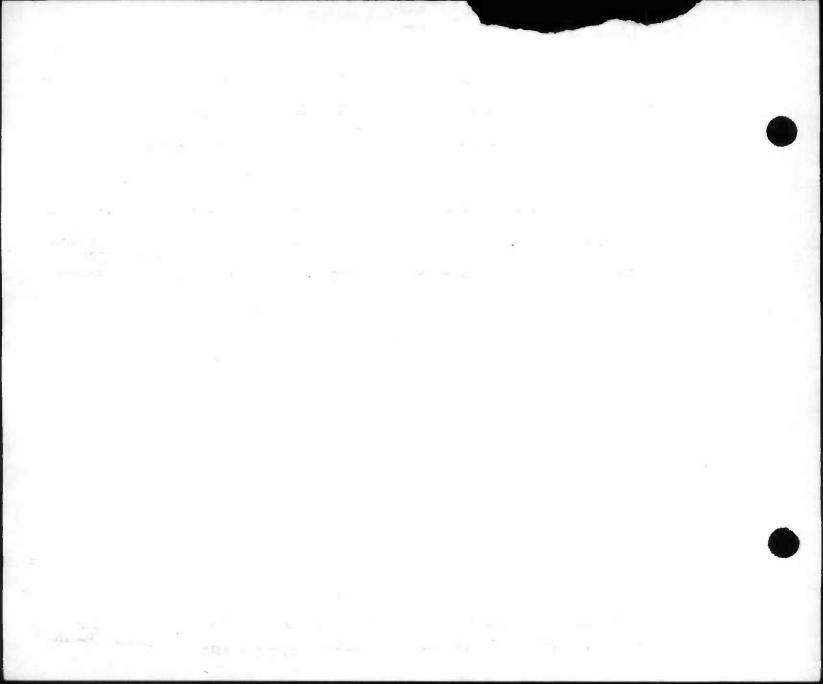
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician

4001 Ritchie Hgwy Balto Md Gonce

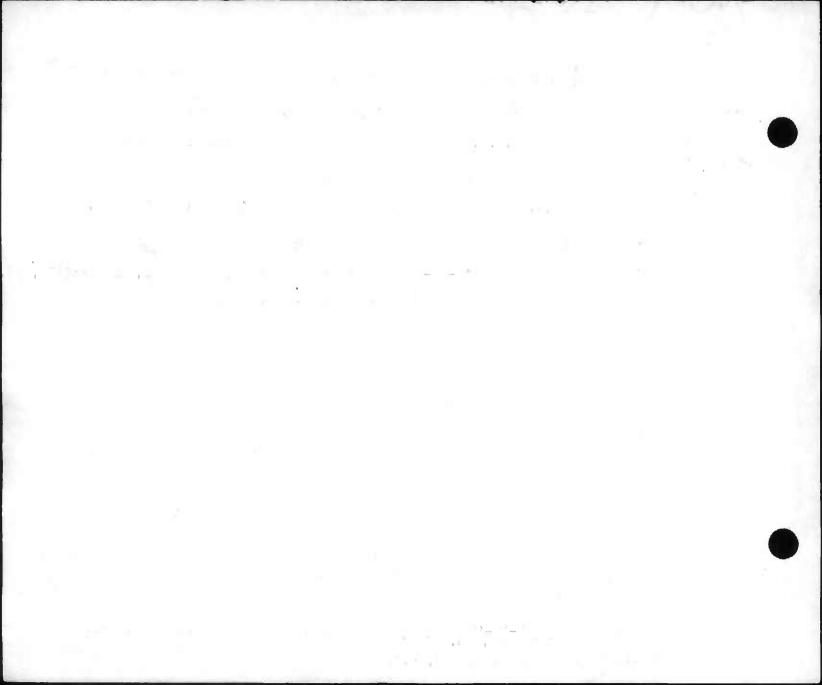
Woodlawn Cemetery Balto Balto

Md

250 DATE REC'D. BY, REGISTRAR 254, REGISTRALS A



~ /		FOR			E OF MAKTLAND IEALTH AND MENTAL HYG	IENE 9	3 3 5 1	1
X	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
D 40		CEASED NAME FIRST OR PRINT)	bert MIDDLE	0	o RSEV	20. DATE OF DEATH MONTH	14-84 3	HOUR M
- A	3 SE	m	4 RACE	5. DATE (DE BIRTH JOAN OF SEAR 2	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UI MONTHS DAYS HOL	NOER 24 HRS. URS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED XX	9. BALTIMORE CITY OR CO ANNE ARUN	DEL COUNTY	MD.
by the turn led with the look like to the led with the le	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IE NOT IN SUCH EACHLITY, C ANNE ARUN	, NURSING HOME (12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUINDUSTRY	SINESS OR
mpletely filled in by the ond 2 should be filled exactine must be not	USU. 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDE UNITY 134, CITY CRO	NCE BEFORE ADMISSION) ORTOWN WNSVILLE	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP	cope Ridge Rd.	352
mpletely ond 2 sh	14_F/	THER'S NAME FIRST UNIN	MWC	LAST	13. MOTHER'S MAIDEN NAME FIRST UNKN	OWN	IASŦ	
physicion and com angapers. Pages 1 o emoval.		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	16-2896	CROWNSVILLE	HOSPITAL CENT	ER, Crownsv	
has been signed by the ottending has been signed by the ottending one prior to busial, cremotion, or how any injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. RART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	source (DINSEQUENCE OF	NOT RELATED TO THE JERM DO WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF D	
this certificate has the boundary of the boundary of the boundary of the right of t	MEDICAL CERT	THE ACCIDENT WAS UNDERTYING OF CONTRIBUTING C CAUSE OF 18 ATTICAL SAME THE TIMES HOLES MADE OF SAME THE CONTRIBUTION OF THE TIMES OF T	HOUR A.M. MO		216 HOW INJURY OCCURI	RED (ENTER NATURE OF INTURY IN IT	em 18 part 1 Orpart 2) County	STATE
ne haspital of ot DIRECTOR After ochid for vie of t Dept af Health a if tem 21 is marks		27s.1 certify that (1) (99s No	pital strended the decession.	100 7 0	nd that in (my) (our) opinion DEOPHE ATTENDING PHYSICIAN	death occurred on the date or	120 DATE SIGN	
TO FUNERAL should be deto suit the State	774	274 PHYSICIAN'S NAME (11)	-Phillips	T3, NAME OF	PHYSICIAN P 220 ADDRESS 200 CEMETERY OR CREMATORY	PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN	20M. en	1401.
P	C	RENATION	9-17-1984	GREEN N	MOUNT CREMATOR	CITY OR TOWN RY Baltimore	COUNTY Maryland	STATE
- 16 50M 4/B3 RA 15, 4)		UNERAL DIRECTOR ALL	mapolis, Md.		SEP	1 7 1984 Julian	Davidson-Handal	2



injury, ar ather traumatic event, th

shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remaval

MPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been

FOR - STATE

ST	ATE	OF	MA	RYI	AND	
211	415	VI	INP	D I L	MINU	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	40	
PEC	NO	

3 6 % FINT

I DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
T DECENSED INAME							
PETER ADOLPHE DOUCETTE	SEPTEMBER 06, 1984 1045 P						
SEX 4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS AIN.						
Male White July 26, 1910	74 YRS						
18 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH						
Mariboro, Mass. USA MARRIED WIDOWED DIVORCED	ANNE ADIMILE CARRET						
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
GLEN BURNIE "NORTH "ARUNDEL" HOSPITAL	Machinist Retired						
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMIT	A						
Maryland AA Glen Burnie 13d Inside CITY LIMIT	1 7057 011 .1 .0 + 01061						
MERATHER'S NAME 15. MOTHER'S MAIDE	NAME						
Peter Doucette Rose	Burnier						
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS						
(YES, NO OR UNKNOWN) {IF YES, GIVE WAR OR DATES}	. Doucette, Same as 13						
Yes WW II 040-05-1926 Sylvia V							
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary embale							
2445							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which gave rise to immediate							
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
underlying couse lost. (c) 5 CM, attorning aneurysin							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED A THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
10 mone renal failure; fler	solles mellitus						
190. DATE OF OPERATION 190. CONDITION OR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 110. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 110. TIME OF INJURY	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH?						
i N//A	YES NOT YES NO NO						
21a. ACCIDENT WAS UNDERLYIN ID. TIME OF INJURY 21c. HOW INJURY QC	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	A						
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET							
WHILE NOT WHILE TO	CHI DE TOWN COUNTY STATE						
AT WORK AT WORK	TO COST OFF						
22a.l certify that (I) (this haspital) attended the deceased from	to 19 7, that (I) (we) last						
saw the deceased alive an 19 and that in (my) (our) ap	oinion death accurred on the date and hour and from the causes stated						
17% SROCHATURE DE GREE	22c. DATE SIGNED						
O'U' all Myzman, M.D. ATTENDI	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN 09/06/80						
THE PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	325 HOSPITAL DRIVE, SUITE 108 /						
BENJAMIN A. DEGUZMAN GLEN	BURNIE, MARYLAND 21061						
23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMAT							
Burial Sept.10,84 Cedar Hill Cemeter	CITY OR TOWN COUNTY 4 LASE						
	DATE DEC'D BY DECISTRADISE DECISTRADIS SIGNIATINE						

DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

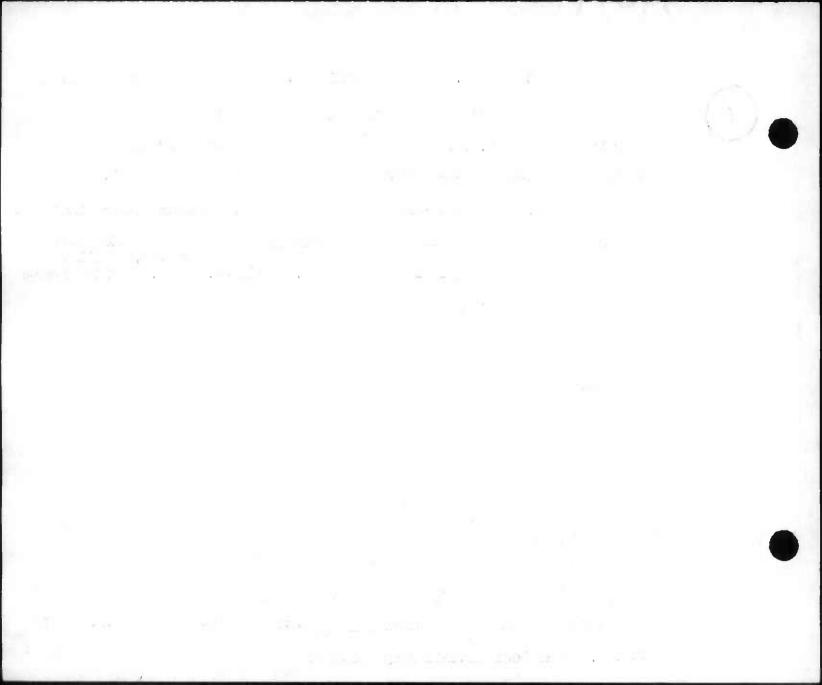
Cedar Hill Cemetery 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Julia Davidson-Randelle The room of real and the second of the secon

1 - STATE REGISTRAR I. DECEASED NAME PROT				MENT OF H	E OF MARYLAND BEALTH AND MEN FICATE OF DEAT	TAL HYGI TH	REG. NO		5 0	J
	CEASED NAME PROT		WIDDOL.		D- 33 C	-	28 DATE OF DEATH	MONTH	DAY YEAR	76 HOUR
1 SEX	50,000	4 RACE	L.		Dowell S	r.	6. AGE (HIVEANS) ASS BIR	9	12 84	9:30A
1.367	Male	Child Court - Court	nite	WONT	H DAT	04	70	Water Comment	MENTHS BAT	HOURS MIN.
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DHMH - 16 50M 4/83

O FUNERAL DIRECTOR

(VRA 15, 4)



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10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STREET ADDRESS / ZIP CODE 150. MOME 150. MOTHER'S MAIDEN NAME FIRST FIRST ROSA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 170. INFORMANT 180. SAME 190. SOCIAL SECURITY NO. 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) IMMEDIATE CAUSE (a) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 180. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	126 KIND OF BUSINESS OR
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (SON) (YES, M) OR UNKNOWN) (IF YES, GNE WAR OR DATES) W. W. I& II HO-424707 Warven Drake above above part in for (a), b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curling decomposition due to a solve.	Place
(YES, MP OR UNISLOWN) (IF YES, GIME WAR OR DATES) W.W. I. S. II HO-424707 Warven Drake above of PART I. DEATH (Enter only one couse per line for (a), /b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decomplians for due to a sevil	Pair
	den Burnie
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
	WERE FINDINGS USED YING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING	RT I OR PART 2)
AT WORK AT WORK	COUNTY STATE
sow the deceased alive on	nd from the causes stated
PHYSICIAN De DIRECTOR PHYSICIAN De PHYSICIAN	radua. md
THE BURNAL, CREMATION, REMOVAL TIES DATE 131. THAME OF CEMETERS OR CREMATORS	tv Oklahoma

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Funeral Home, Glen Burnie, MD

SEP 1.8 1984

SEE 1 8 TON The School profile.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 his with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 2) is marked or Item 18 shaws any injury, or other traumatic event, the medical of Ormanie

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JIMIE OI II
DEPARTMENT OF HEALTH
CERTIFICAT

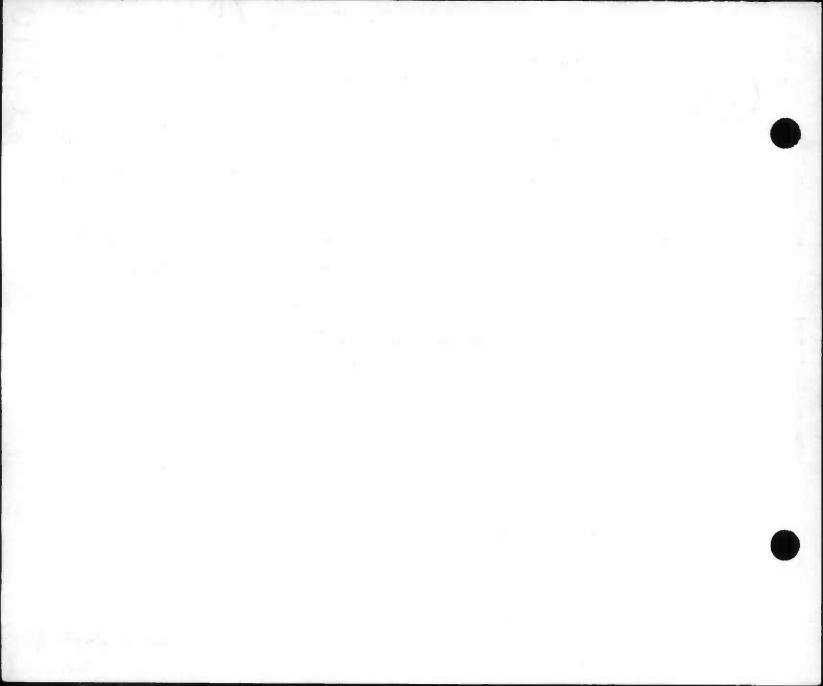
STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	0

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REG.	NO.				
F DEATH	MON	TH	DAY	YEAR	2b. HOUR
	9		9	84	332

I		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.		
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l	(TYPE	ORPRINI)	ret V.	Edent	field		9 9	84	3 32
I	3. SE)		4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS.
I		FEMale	White	9		59	YRS		
Ì		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUP	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
ı	ΝO	RTH CAROLINA	USA	WIDOWE		Anne A	runde	COU	NTY MD.
ı	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ADDR. ARUND	URSING HOME C		120 USUAL OCCUPATION OF THE STATE OF WORK FOR MOST OF THE STATE OF THE		126. KIND OF INDUSTRY I AURA	F BUSINESS OR
Ì		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE 17Y 13c. CITY OF	E BEFORE ADMISSION)		13e.STREET ADDRESS	ZIP CODE	Bo R	40
1		THER'S NAME AMES WI	LSON HUD	SON	15. MOTHER'S MAIDEN NAM	ME MIDDLE	E	воз	Т
I		VAS DECEASED EVER IN U.S. ARI		1 SECURITY NO. 28-1944	17 INFORMANT	ADDRE EY, RICHMO		ENTUC	V V
Į		NO	1244.	28-1/17	LOLA HARVE	si, kichmo	ND, K		
		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	D BY.	4 7 V	-t +6	00000		BETWEEN	MATE INTERVAL ONSET AND DEATH
I		IMMEDIAT	E CAUSE (a)	a un uy.	wan wer	certera			
ı			DUE TO, OR AS A COM		- Post -	2 cd +			
Į		Canditians, if any, which gave rise to immediate	(b) 100000	on ace	eccord /	70		1	
ĺ		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF							
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
	ATIO	19a DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	CH OPERATION WAS PERFORMED 200 AUTOPSY? 206.			VERE FINDIN	IGS USED
	CERTIFICATION					YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
1		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY	H DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	I OR PART 2)	
l	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
l	2	AT WORK AT WORK			COL	-11			
ı		220.1 certify that (1) (this hospit	@ 10 10 1		82 19	, ta	9 19		that (1) (#e) last
ı		saw the deceased alive an above, (I) (was add) (did no	t) view the bady after death.		nd that in (my) (our apinion o	death accurred an the do	ate and havi a		
ı		Al Wolfin C	D. FWEFE	COLE	DEGREE ATTENDING PHYSICIAN	✓ MEDICAL STAI		27c DATE 5	SIGNED SIGNED
1	1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			1	
		STANLEY P.	WATKINS		51 FRANKL	IN AVE, AN	INAPOL	IS, M	ID.
		SURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d LOCATION	DATE	OUNLYs ~	STATE
I	SE	BURIAL	9-12-84	CITY	CEMETERY THO	ONASVILLE	DAVID	SON C	0.

24 FUNERAL DIRECTOR
ROBERT E DHMH - 16 50M 4/83 Ε. (VRA 15, 4)

EVANS ANNAPOLIS, MARYLAND THOMAS VILLE DAVIDSON CO



impletely filled in by the funeral director 2 should be filed within 72 hours

medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

MRORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	0

ARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	JENE	der g		or Green	3	J	0	
			REG.	NO.				
IAST	20	DATE OF	DEATH	MON	TH	DAY	YEAR]

1 - STATE REGISTRAR DEPARIMENT OF HEALTH AND MENTAL HYGENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NAME FIRST AMBER	2 M	FAW		9 2 84 9:12 AM		
	3. SEX	A hite 5. DATE (6. AGE (IN YEARS LAST BIRTH	HEUNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
	70. BIRTHPLACE (STATE OF EOREIGN 7b. Michigan	U. S. A. WIDOWE	DI NEVER MARRIED DI	BALTIMORE CITY OR Anne Arund			
	10. CITY OR TOWN OF DEATH	Name of Hospital, Nursing Home of (IF NOT IN SUCH FACILITY, GUE STREET ADDRESS) Anne Arundel General	OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y HOUSEWITE	N 126 KIND OF BUSINESS OR		
1	USUAL RESIDENCE (IF NURSING HOME OR OT 13a STATE 13b COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN Arunde Annapolis	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	hington Ave. 21401		
	14 FATHER'S NAME FIRST Unknown	DDIE I AST	15. MOTHER'S MAIDEN NAM		IAST		
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (1E YES, GIVE W	ED FORCES? 166 SOCIAL SECURITY NO. 468-10-6349	Mrs. Linda V	ukovich S	Severna Park, Md.		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	/ * MICT // / / /	Orrest		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT	(NOT BELAYED TO THE YEAR	NAME OF THE OR COAD	VIOLOGICAL DISABILITY		
7	19a DATE OF OPERATION 19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	00.00.00.00.00.00.00.00.00.00.00.00.00	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR	YES NO	YES NO I		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK ALWORK ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE		
	27a.l certify that (l) (this hospital saw the deceased alive on a little of the first of the same of t	new the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	e and hour and from the causes stated THE DATE SCINED		
	THE PASSICIANS NAME ITTE OFF	VIHARDS	PHYSICIAN [22e ADDRESS 80/ McG	DIRECTOR PHYSICIA	Annapoles 12		
	230 BURIAL, CREMA (ON, REMOVAL (SPECIFY) Burial		Sin Memorial P	234 LOCATION CITY OR TOWN ARK Milwauke	ee Milwaukee Wiscons		

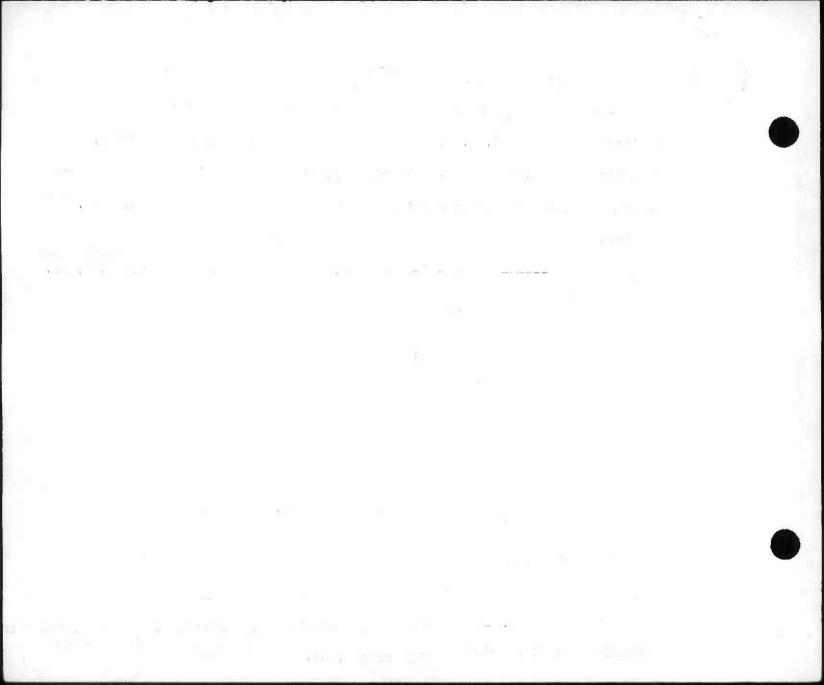
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Marzullo Funeral Service

Reisterstown, Md.

Wisconsin Memorial Park Milwaukee, Milwaukee, Wisconsin Sin State Recipied Registrant 26, Recipied Rec



Balto Md

DIVISION OF VITAL RECORDS, 201

DHMH - 17

(VR A15 ME (5)) 20M 4/82

George J. Gonce 4001 Ritchie Hgwy

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FOR = STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (CERTIFICATE OF DEATH

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1	REGISTRAR		CEKITI	ICATE OF DEATH	REG. I	40		
ľ	1. DECEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	John	Oliver		efel, Jr.		10, 19	84	5:45 R
۱		1 RACE	5. DATE (& AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
4	Male	White	Jan	. 22, 1953	31	YRS		
d	70. BIRTHPLACE (STATE OR FOREIGN) Baltimore, MD	USA	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Anne Art	_		
7		11. NAME OF HOSPITAL NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			MD. OF BUSINESS OR
	Glen Burnie	North Arunde	HOS	pital	Retail C		INDUSTRY	try Pride
2	USUAL RESIDENCE I IF NURSING HOME OR C 130 STATE 130 COUN' Maryland AA	TY 13c CITY OR TOWN Glen Bu		YES NOX	13e. STREET ADDRESS 229 Willi			21061 rndale
1	<u>John</u> O	Fefel, S		Eileen	MIDDIE E.		LAS H	aigis
1	160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUI WAR OR DATES)	RITY NO.	17 INFORMANT	ADDE			
	No	220-56-88	301	Frances L.	Fefel, San	ne as 1		
	PART I. DEATH WAS CAUSED	1 4 4 9 9 9 9	work.	enal Lacois	A 0 -			MATE INTERVAL ONSET AND DEATH
ı	IMMEDIATE	CAUSE (o)	70	//			0/	rea.
ı		DUE TO, OR AS A CONSEQUE	NCE OF	MARIA DIA				
ı	Conditions, if any, which gove rise to immediate	Conditions, if any, which (b) Deallettes Williette.						
1	couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
П	underlying couse lost.	(c)						
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	ADITION GIVE	N IN PART 10	
4	O C							
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	YES NOW		WERE FINDIN	
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				140
1								
1	OR CONTRIBUTING [] CAUSE OF DEAT [IF EITHER NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ŀ	WHITE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC }	STREET	CITY OR TO	NWC	COUNTY	STATE
ŀ		al) attended the deceased from	THAK	14/ 10 84	9/10		84	
	sow the deceased alive on		or	d that in (my) (ser) opinion d	eoth occurred on the c	lote and have		that (1) (we) l ast couses stated
	Clery 14	weene		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		9/11	SIGNED 84.
1	22d. PHYSICIAN'S AME OF OR	PRINT)		22e ADDRESS				
	William J. C	irksena, M.D.		203 Ridgely	Avenue, A	nnapoli	s, MD	
1	23a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
-	Burial	Sept.14,1984 G	len F	<u>laven Mem. Par</u>	k Glen Bu		AA	MD
1	24 FUNERAL DIRECTOR	ADDRESS	МС	25a. DATE	REC'D. BY REGISTRAL	256 REGISTR	AB'S SIGNATI	Gandage.
L	James S. Kirkle	ey, Glen Burnie,	MD	1 25	LT 1 3 1984	- June	worderman -	1

DHMH - 16 50M 1/81 (VRA 15, 4)

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etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygique prior to buriol, cremation, or removal. MAPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

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ATTENDING

TO HOSPITAL

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely illud in by the funshould be detached for use as the burial-transit permit. Then please remove carbon papers. Posed 1 and 2 situald be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the ritual of the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

The state of the s	FUNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN DF DEATH 12b KIND OF BUSINESS OR
3 SEX 1 RACE	DE DEATH DE DEATH 126 KIND OF BUSINESS OR INDUSTRY 2140
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NORCED DONGCED	DE DEATH DE DEATH 126 KIND OF BUSINESS OR INDUSTRY 2140
76. BIRTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OR COUNTRY) MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OR COUNTY OR WIDOWED DWORCED DWORCED The COUNTRY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IVE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13d. STREET, ADDRESS 13d. STREET	OF DEATH DE CO. MD. 121 KIND OF BUSINESS OR INDUSTRY 2140
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Mary and USA WIDOWED DMORCED - Ine Arun 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13. STREET ADDRESS 14. FATHER'S NAME FIRST MODULE 15. MOTHER'S MAIDEN NAME FIRST MODULE 16. TYLEN 17. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO WORK FOR MOST OF WORKING LIFE) 17. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 18. USUAL RESIDENCE 19. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 19. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 19. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 19. USUAL RESIDENCE 19. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 19. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 19. USUAL RESIDENCE 19. USUAL RESI	126 KIND OF BUSINESS OR INDUSTRY
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	A LAST
	Kiley
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS SQ.	me as
100 - 213-34-5195 Francis D. Foley - #	:13
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), po (c).)	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) USPARWY WILL	
Conditions, if ony, which (b)	
gove rise to immediate	
couse (o), stofing the DUETO, OR AS A CONSEQUENCE OF underlying couse lost	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART I/O
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, IN CERTIFYII YES NO PERFORMED 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, VIN CEPTIFUL	WERE FINDINGS USED ING CAUSES OF DEATH?
YES NOW YES	
21a, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	ET 1 OR PART 2]
214 INJURY OCCURRED 216 PLACE OF INJURY 211. LOCATION	COUNTY STATE
WHILE NOT WHILE AT HORK AT WORK AT WORK	COUNTY STATE
22a 1 certify that (I) (this haspital nattended the deceased from	9, that (1) (we) last
saw the deceased alive and the time (47) (aur) opinion death occurred on the date and haur a	and from the couses stated
obove ((V) pure (dig) (did not) view the body at his death. 22b. SIGNATURE DEGREE	THE PATESIGNED FALL
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9/14/84-
THE PHYSICIAN'S NAME (TYPOOPPINT)	(11)
THICHMEN J. LAPENTA UP 703 GUPDINGS AVE ANNAPOR	us maryo,
238 BURIAL, CREMATION, REMOVAL 238. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY, STATE
Burial Sed 18,1984 U.S. Naval Academy Hongpolis	HA WD
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR	AR'S SIGNATURE
Taylor Funeral Chapel- Hinapolis, MU SEP 1 7 1984 Julia Dan	vidson-Nandake

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

, KI.,	- 2		3	
2	0	3	1	•
NO				

1	FOR STATE REGISTRAR		JUL AI		ATE OF DEATH	REG. NO.	3 3 / 3
	ECEASED NAME PE OR PRINT)	HEN RETT	MIDDLE	FOC		20. DATE OF DEATH MONTH	23 84 26. HO
3. SE	EX	4. RAC		5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDE
FI	EMALE	B	LACK	7	30 DAY 1912 YEAR	72 y	RS. MONTHS DAYS HOURS
	BIRTHPLACE (STATE OF	FOREIGN 76 CIT	IZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COL	
O M	ARYLAND		U.S.A.	WIDOWED		ANNE ARUNDE	EL COUNTY
3	ITY OR TOWN OF DE	ATH 11. N	AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STE NAPOLIS CON	SING HOME OR REET ADDRESS) VALASCEN	OTHER INSTITUTION T CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSIN INDUSTRY
USU 130 MA	STATE ARYLAND .		136. CITY OR TO ANNAP	OWN 1	Id. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 0	
21 14 F	BOB	MIDDLE	GREE		MOTHER'S MAIDEN NA		GREEN
160	WAS DECEASED EVE	(# YES, GIVE WAR O			LINFORMANT EUGENE FOOTE	Annaporis, 1130 Madison	Md. 21403 St. Apt. A 4
CERTIFICATION	PART 2 OTHER SIG		LONS CONTRIBUTING T				N GIVEN IN PART 110. IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA
	21g. ACCIDENT WAS UP		b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	(It. HOW INJURY OCCUR	YES NO NET NATURE OF INJURY IN ITE	YES NO
MEDICAL	(IF EITHER, NOTIFY MED	DICAL EXAMINER)	P.M.	19			
MED	AT WORK AT W	/HILE CORK	e PLACE OF INJURY THOME, STREET, FACTORY, OFFI	CE, FARM ETC)	of LOCATION STREET	CHY ON TOWN	COUNTY
	sow the deceo	sed alive on	ended the deceosed from	84.00		death occurred on the date on	
	22b. SIGNATURE	1 Vei	leour	SW!	ATTENDING PHYSICIAN	DEDICAL STAFF	22t. DATE SIGNED
	224 DHVC PARTER				IZE. ADDRESS		
1	Peter F. V	ERKOL	IW		1419 Fre	st brothing	aptis md2
	Vete, F. V BURIAL, CREMATION BURIAL	FEROUAL 23b.		Id. Vete	1419 TWO AETERY OF CREMATORY rans Cemeter	23d LOCATION CITY OF TOWN	

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician.

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STATE OF MARYLAND

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- STATE REGISTRAR			CERTIFICATE OF DEATH	GIENE C.	REG. NO.	0 /	
ECEASED NAME PE OR PRINT)	ANNA	C	FOWLER	20 DATE OF SEP	TEMBER 16	, 1984	
	1 0 . 05		C. O. LET. OF BURKLE	ACE ININE	ARCALIST BURTING AND	RETINIDED 1 VE 4D	т

4 RACE MONTH 76 CAUCASIAN 1908 MARCH 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNT BIRTHPLACE (STATE OR FOREIGN MARRIED | NEVER MARRIED MARYLAND WIDOWED X DIVORCED 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION

GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

ANNE HRUNDEL

MIDDLE

13d. INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 156 RITCHIE HWY.

TYPE OF WORK FOR MOST OF WORKING LIFET

HOME MAKER

21122 EAST

HOME

INDUSTRY

14. FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MARYLAND

KAWALSKI

PASA DENA

UNKNOWN

13 SAME AS

(YES, NO OR UNKNOWN) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to reumoma Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause muran

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	20a AUTOPSY2		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
Company in the bill			YES NO	YE	s 🗀	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	D (ENTER NATURE OF II	VJURY IN ITEM 18 F	ART OR PART 2)	
21d. INJURY OCCURRED while NOT while AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
22a I certify that (I) (this haspital) saw the deceased alive on	9-16 1984 or	nd that in (my) (our) opinion de	oth occurred on the	dote and hou		hot (I) (we) I ouses stoted

23b. DATE

MEDICAL

STAFF

22d. PHYSICIAN'S NAME FE OR PRINT)

22e ADDRESS

OAKWOOD ROAD,

BURNIE, MARYLAND 21061

23a BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

LONG S. HSU, M.D.

SOIS RITCHLE HWY. SEVERNA PARK, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

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and Mental Hygrene prior certificate has

> should be detoched for with the State Dept of MPORTANT: If Item

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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۱	- STATE REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO).	
L	DECEASED NAME FIRST (TYPE OR PRINT) ANNOR	A Fahey FR	AASA	DATE OF DEATH A	ONTH DAY YEAR ONTH DAY YEAR ONTH DAY FUNDER LYEAR	2b. HOUR 3A M
	FEMALE	White MONTH	4 02	82	MONTHS DAYS	HOURS MIN
ł	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) OBJOCION ATT I	U.S. A. WIDOWED	NEVER MARRIED L	Anne A	Frundel	MD.
I	Edgewater md.	NAME OF HOSPITAL, NURSING HOME OR O' (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		LE USUAL OCCUPATION WOST OF BOOK KEF		OF BUSINESS OR
1	THE STATE IS COUNT AND	Arust EdgeWATER YE	S NO X	STREET ADDRESS	ME DR	2027
1	MICHAEL 3	5. FALEY	THERES	A MIDDLE	77	TILE
	60 WAS DECEASED EVER IN U.S. ARM (YES, NOOR UNKNOWN) (IF YES, GIVE W		Ponald G. F	raasa -	Some 9	s 13e
I	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		preunon	itis 20	DE METWEEN	XIMATE INTERVAL LONSET AND DEATH
	the state of the s	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DINDITIONS CONTRIBUTING TO DEATH BUT NOT	in the play	al Disease OR COND	ITION GIVEN IN PART 1	(0)
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION W	AS PERFORMED	200 AUTOPSY? YES NO	206, IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED	ENTER NATURE OF INJURY	/ IN ITEM 18, PART 1 OR PART 2)	
I	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
١	22a. I certify that (1) (this hospital saw the deceased alive on above (1) (we) (did not)	19 ond th	of in (my) (our) opinion dea	oth occurred on the do		, that (I) (we) last e couses stated
	27b. SIGNATURE	Jowe of W	ATTENDING PHYSICIAN	MEDICAL STAFI	F _ / a	E SIGNED 10-84
	Jan B. Lo	WE MD	Annopoli			,
ı	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	09/12/1984 Green Mc	tery or Crematory ount Crem.	23d LOCATION CITY OR TOWN Baltimor	county re, Maryla	STATE and 100

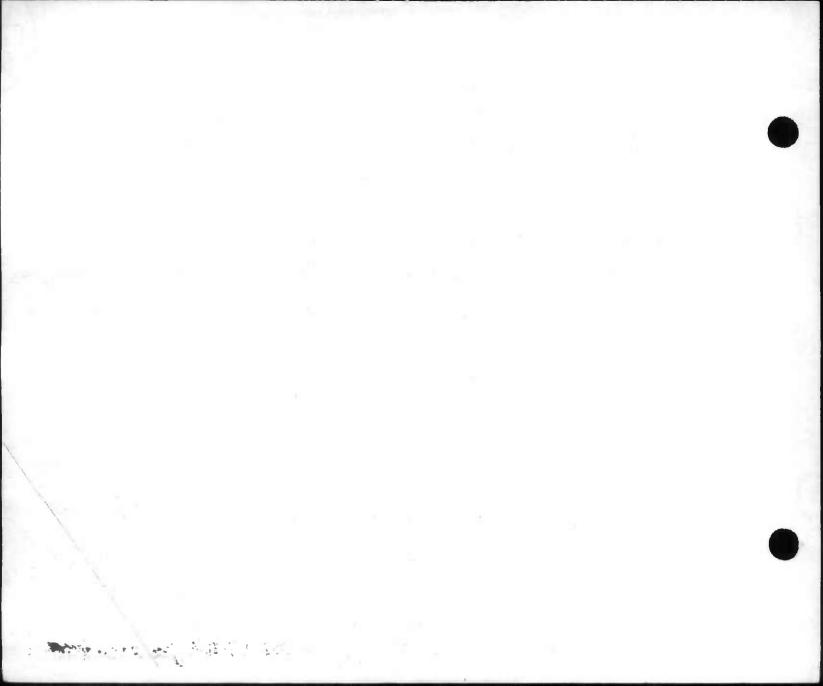
DHMH-16 25M (VRA 15, 4) 1/79

74 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley, Inc. Dundalk, MD 21222

23. DAE BECD. BY RECESSARISS REGISTERAPERSON ATURE

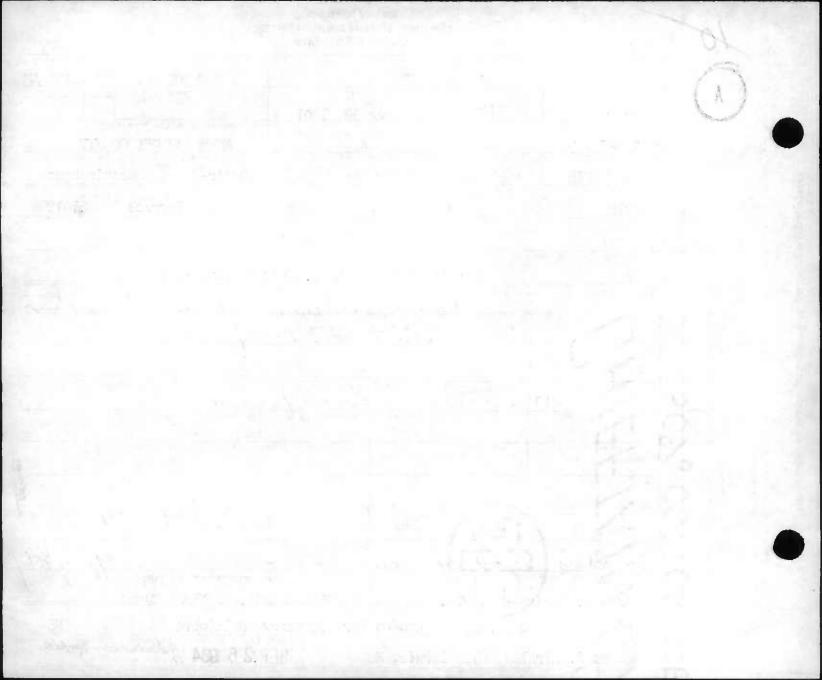


1				STATE OF MARYL	AND			
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		NE REG. NO	3 0	1 3
deoth		CEASED NAME FIRST	Let W.	FRANK	1.01		9/06/80	26 HOUR 7 PM
s after de	3. SE	male	1 Slack	5 DATE OF BIRTH	2"3	AGE (IN YPARS LAST BIRT	HDAY IF UNDER IT	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
n 72 ho	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER	MARRIED 5	NAME	Arundel	MD.
23	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE			TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
2 should be	13a. S	Md- 13b. COV	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 13. CITY OR TOV	YES T	NO.	street address/	Deliv.	ery2101
Cx27	14. F/	LBSERT	FORANKLIN	15 MOTHER	TRY	Balle /	+	LAST
Poges		VAS DECENSED EVER IN U.S. A (ES, NO OR PINKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SEC IVE WAR OR DATES) 2/6/6	17 INFORM	ille To	BarNes	-4412	Dougla
anpopers emaval. event, the		PART I. DEATH WAS CAUS	only one cause per line for (o), (b), o ED BY: ATE CAUSE (o) 54 (10)	Mic Sep	(.)		BETV	PROXIMATE INTERPAL WEEN ONSET AND DEATH M. J. M
nove corbi		Conditions, if any, which	DUE TO, OR AS A CONSEOL	MINS/ SE	rsir			
ol, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF	,			
to burn	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMIN	AL DISEASE OR CONE	ITION GIVEN IN PAI	RT 1:a
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a AUTOPSY?	206 IF YES, WERE FI IN CERTIFYING CAI YES	
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		PAY YEAR	NJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PAR	(T 2)
rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM ETC.) 211 LOCAT STREE	ION ET	CITY OR TO	VN COUNT	TY STATE
of Healt		saw the december anye of	pital) attended the deceased from	9 /26, and that in (my) (our) opinion dec	oth occurred on the do	te and hour and Iron	that (It (we) last the causes stated
one Dept		The SIGNATURE	Haen	M D GREE	PHYSICIAN VI	MEDICAL STAF		7/6/89
# The Sp # The Sp # Table Sp		THE PHYSICIAN'S NAME COM	1690	Z ADDRE	o RIS	rely Au	+105AU	MADOLOM
233		Burial CREMATION REMOVA	0 2 22 2	984 ME.	Olivet	Cemetery	Washin	gton. D.C
OM 4/83 , 4)	24. F	Stewart Fun	w Sless eral Nome-400	and H	Road, NE	the same of the sa	Julia Davidson	- Andeles



(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR TYPE OR PRINTS FMMA 1984 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH Female White June 30. 1901 **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, MD ANNE ARTINDEL WIDOWEDXT CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Retired GLEN BURNIE NORTH ARUNDEL HOSPITAL Westinghouse SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13c CITY OR TOWN Arnold 13. STREET ADDRESS / ZIP CODE 629 Cove Terrace 136 COUNTY 13d INSIDE CITY LIMITS? 21012 AA Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Paul MIDDL MIDDLE Brohm Caroline N/A 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 219-10-7596 John S. Walter, Same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO P 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P M 211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred of the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 77r. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING STAFF 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 200 HOSPITAL DRIVE MADVIAND 21061 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY COUNTY Burial MD Loudon Park Cemetery Baltimore Sept. 27.84 250. DATE REC'D. BY REGISTRAR 254/REGISTAR'S EIGNA ME Juna Davidson-Mandale 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 James S. Kirkley, Glen Burnie, MD



DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MD. 21201 TO MEDICAL EXAMINEE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CRRIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN 17EM 18, GINE PAGES 1, 2 PAGES 1, 2 PAGE 8, 12 SHOULD BE FORWARDED TO THE CLIEF MEDICAL EXAMINER ALONG WITH FORM, PM. 3 TO FUNERAL DIRECTOR. PAGES 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. PAGES 1, AND 2 AFTER DEATH, MULTI THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBME, DIVISION OF ONE

DHMH - 1: (VR A15 ME

20M 4/82

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 3 0 / 3 REG. NO.

	REGISTRAR	FIRST		DICAL EXAMIN	C	EKTITICATE	JI DEATH	REG. NO.		
	CEASED NAME	,Di	AVID	CHARLES		GERMAN	OF	NOWN MONT	TH DAY YEAR	26. HO
	()	6110			561	man	DEATH .	MATED 4	9 1984	,000
I. SEX	R.	ACE	5. DATE OF BIRTH					MONT	H DAY YEAR	2d HC
		F.77 2 A	44 4	22 LAST BIRTHDA		5 DAYS HOURS	MIN PRONOUNG DEAD	9	9 1984	020
	RIMPLACE ISTATES	White	7h CITIZEN OF W	VHAT COUNTRY?	Ta .		2 RAITIMO	ORE CITY OR COL		
FOR	REIGH COUNTRY)	- /	TO CHIZZIVOI VI	THAT COUNTRY!		D NEVER MARE	RIED 4	_		
Ma	ryland		U.S.A.		WIDOWI			Arundel		
D,CI	TY OR TOWN OF D	DEATH		SPITAL, NURSING HOME	, OR OTHE	RINSTITUTION	12a USUAL OCCUP		OR INDUST	
		/	4	Arundel Gene	eral 1	Hoenital	Auto. Mai	,		
USUA	INAPOLIS	NURS NG HOME OF	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSIO	ON)	lospicai	JAULO. Mai	ncenance	LOWSOII L	lougi
13a. S1	TATE	N. 6. COUNT	Υ	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
Ma	arvland	Balti	more	Towson		YES NO	8312 I	och Rave	n Blvd.21	L204
H. FA	ATHER'S NAME		WIDDLE	1.44		15. MOTHER'S MAID	EN NAME	ODIE	LAST	
				LAST				L.	Eyler	
	vas deceased ev	FP IN II S APA	E.	German	Y NO	Beatrice 17. INFORMANT		ADDRESS	Eyler	
	ES, NO, OR UNKNOWN)			IN. SOCIAL SECONITI	1110.					
No	3			220-90-7434	4	Charles	E. German	- Same a	s #13e	
	IN CAUSE OF DE	ATH (Enter anly	y ane cause per lin	ne far (a), (b), and (c).)	-				APPROXIMAT BETWEEN ONSE	
	PARTIDEATH	WAS CAUSED		M1			1		BETWEEN ONSE	T AND DE
	OIGE	IMMEDIATE	E CAUSE (a)	101433121		Lage In	1424			
1	0177		DUE TO, O	R AS A CONSEQUENCE C	OF		V, J			
1		if any, which	1	4		A	1. 4			
- 1		ta_immediate	(b)		1	a cci,	MIN/			
		ting the <u>under</u> -	DUE TO, O	R AS A CONSEQUENCE O	OF					
- 1	ying cause la	157.							1	
			(c)							
_	PAKI Z OTNEK SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH	N BUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 a			
Ŏ.										
3	19a DATE OF OPE	ERATION	196 COND	ITION FOR WHICH OPER	ATION W	AS PERFORMED?			2D AUTOPSY	?
'포									YES 🗆	NO
100	210 EXTERNAL CA	AUSE WAS	21b. TIME C	OF INTURY	21c HC	W IN HIPY OCCUPE	ED (ENTER NATURE OF IN)L	IDV IN ITE 44 10 0 APT 1 O		110
0	UNDERLYING [-		M. MONTH DAY YEAR		W II JOK! OCCORR	ED TENTER MAIDRE OF HAVE	AT IN THE MID PART TO	K PART 21	
Z	CONTRIBUTING [EATH P./	M. 19						
MEDIC	21d INJURY OCC	URRED	21e PLACE	OF INJURY (AT HOME,	21f LOC	ATION				
불	WHILE ON	OT WHILE	STREET, FAI	CTORY, FARM, ETC.)	57	REET	CITY OR TOW	N	COUNTY	STA
2	WHILE AT WORK AT	WORK	' l							
	220 I certify the	at I taak charge	af the remains de	escribed abave, held an	Autaps	y . Inspection	in La Inquiry	∟, and in my	/ apinian	
	death resulted fr	ram: Nature	al causes,	Accident Sui	icide .	Hamicide	Undetermined mai	nner .		
	/									
	ACTUAL		3 /	11 ,		TITLE (SPECIFY)		DA	TE 0 0	
	SIGNATURE	7/00		14-1	M.	D. 200	MEDICAL EXAM	NER SIG	SNED 9' -5-	XT
1 2						- 1				
/	EXAMINER'S NAM	WE Tomos	To title on I	on MD		010 D	oimmone Dd	Annanal	110 21400	2
	(TYPE OR PRINT)			Ler, M.D.			rimrose Rd	Annapol	15, 2140	5
23a.Bl	URIAL, CREMATION	N, REMOVAL 23	DATE	23c. NAME OF CEA	METERY OF	RCREMATORY	236. LOCATION CITY OF TOWN	C	OUNTY S	TATE
	urial		9-12-84	Dulane	y Val	ley	Timonium	, Baltimo	ore, Mary	land
24. FL	UNERAL DIRECTOR	ł .	ADDRES	. 1050 Ye	ork F	25a. DATE	REC'D. BY REGISTRAF			
T.		The same of		33		AFF	1 1 100/	Julia David	son-gandell	-
K	HCK TOWSC	m runer	al nome	Inc. Towson	, Ma. Z	1204 0	1 1 304	7	•	

MARKE 27727E) EF761 ralls White m A.S.U hasigin Transpoiss Rune Iranacal Ceneral Mospital Auto. Maintenance Covern Dodgo Complete Leitimore 'Low son x Gill Look Navan Live 21204 Charles it. Garman Bostrice E. Byler 200-964743d Charles L. Goto en - Lane to Mile

Lucia Sunami Lone, Inc. Torrace, No. 21204

Items 18-22a 11/13/84 mtb

1 - STATE

REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

JAMES GRANT 120 USUAL OCCUPATION (TYPE OF WORK

REG. NO

2b. HOUR

2d. HOUR

7:09A

KNOWN [X 20. DATE MONTH ESTI--27 - 84DEATH MATED

BALTIMORE CITY OR COUNTY OF DEATH

Anne Arundel County

12h KIND OF BUSINESS OR INDUSTRY

LAST

BETWEEN ONSET AND DEATH

20 AUTOPSY?

TMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and in my opinion

9-27-84

25a. DATE REC BY REGISTRAR 125b. REGISTRAR'S SIGNATURE

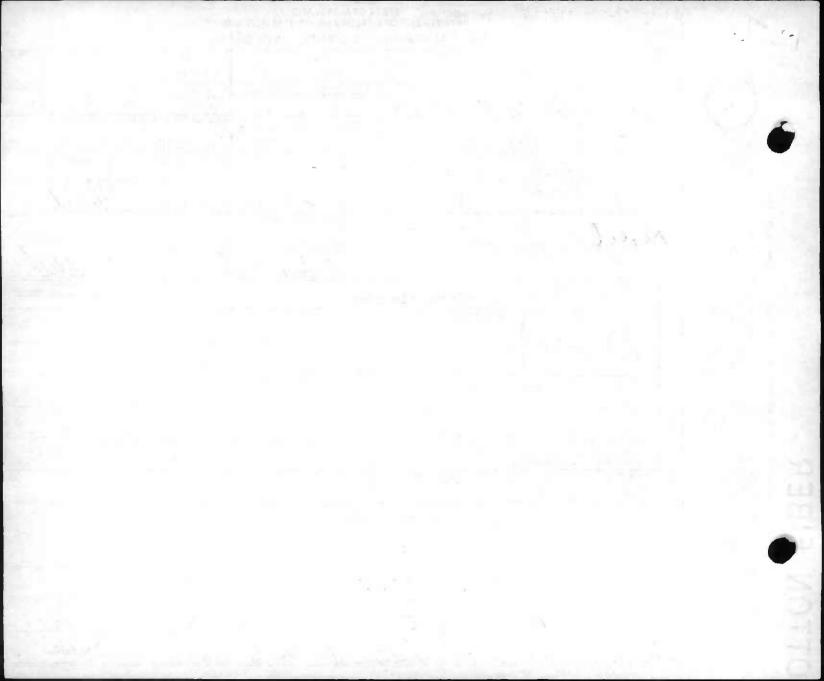
YES X

NO [

STATE

DHMH - 17 (VR A15 ME (5)) 24. FUNERAL DIRECTOR

20M 4/82



STATE OF MARYLAND

	1 -	STATE	U	EPAKIMENI UF H	EALIH AND MENTAL HTG	IENE	2 3	0 1	1
	١.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME A FIRST	MIDDLE	,	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	25 HOUR
	{ TYPE	OR PRINT)	A M	- 4	REEN		9-1	7-84	7 19PM
	3. SE)	X	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Black	MONTH	- /) - 84	5 months	S	AONIHS DAVS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED XX	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
5	MAJ	RYLAND	U.S.A.	WIDOWE	D DIVORCED	A.A.	Co.		MD.
>		TY OR TOWN OF DEATH	 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY G 		OR OTHER INSTITUTION	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST O			F BUSINESS OR
§.		NAPOLIS /	A- 4.	6. H.					
0	13a S	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2	Q.
9	_	RYLAND V A	A. ANN	APOLIS	YES NO	1879 Bowma	n Ct.	die 14	-/
,	I4. FA	THER'S NAME DENNIS	MIDDLE	GREEN	15 MOTHER'S MAIDEN NAM	MIDDLE		EAS	ī
		THE PERSON NAMED IN	The same		METCHER	I.E	F	CLORIGE	
		VAS DECEASED EVER IN U.S. AR YES, NOTONKHOWN) (IF YES, GIV	MED FORCES? 166 SOCI	al Security no.	MICHELE ELDRI	Annapôli IGE 1879 Bo	s, Md.	21001	
	=			- 1	7	IGE TOTY DO	MINGTI C		IMATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly ane cause per line for (a D BY: TE CAUSE (a)	nehok	lonnary de	ınlanı	-	BETWEEN	ONSET AND DEATH
		IMMEDIAI	DUE TO, OR AS A CO	NISEOUENTE DE	0 +1-94	1211	V.		
		Canditions, if any, which	(Ib)	melen	to of butt	(4118n)		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NISEOLIENICE OF					
		underlying cause last.	(c)	INSECUCIACE OF					
		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	D
	Š								
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN YING CAUSES	
	E I					YES NO		s 🗍	NO 🗌
1		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIQUID A M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
	<u>Q</u>	21d. INJURY OCCURRED	(AT HOME STREET FACTOR)		211. LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
	 	AT WORK NOT WHILE AT WORK							
		22a.l certify that (1) (this haspi				, to			that (I) (we) last
		sow the deceased alive an		, or	nd that in (my) (our) opinion o	death occurred an the d	ate and hour	and from the	causes stated
		276. SIGHTATURE	2 11	2-	DEGREE	MEDICAL STA	FF	22c. DATE	SIGNED
		met 1	het	111.6	PHYSICIAN [DIRECTOR PHYSIC	IAN 🗌	1	
		22 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS				
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		CÓUNTY	STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and I should be detached for use as the burial-transit permit. Then please remove carbon and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

OR ATTENDING PHYSICIAN: The

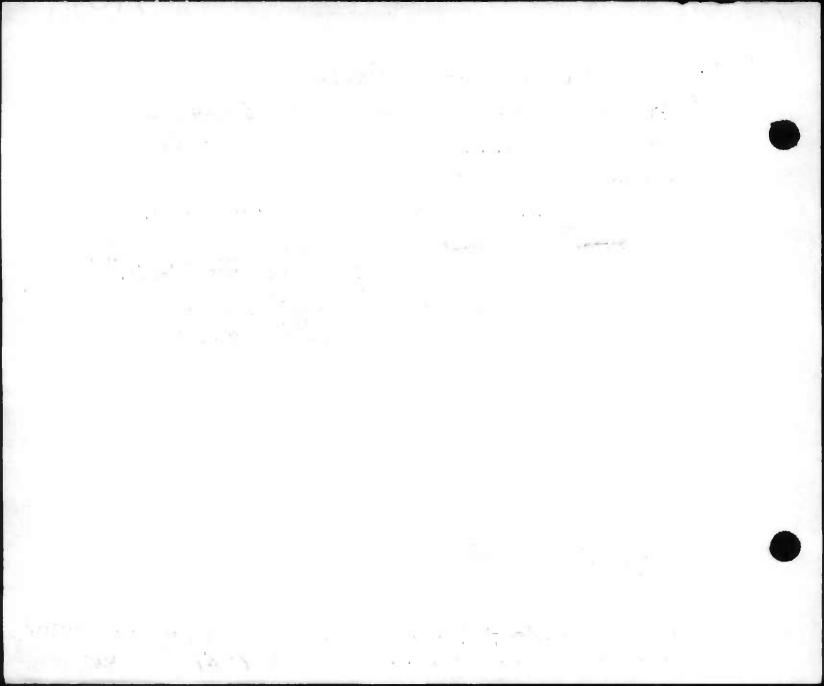
O HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

Maryland

REESE & SONS MORTUARY, P.A.

Julia Davidson



DHMH - 17 (VR A15 ME (5)) 20M 4/B2

EXAMINER'S NAME

CREMATION

(TYPE OR PRINT)

24. FUNERAL DIRECTOR NAME WEST ANNAPOLIATIMO

Kauffman.

9-15-84

M.D

METROPOLITION

23r NAME OF CEMETERY OR CREMATORY

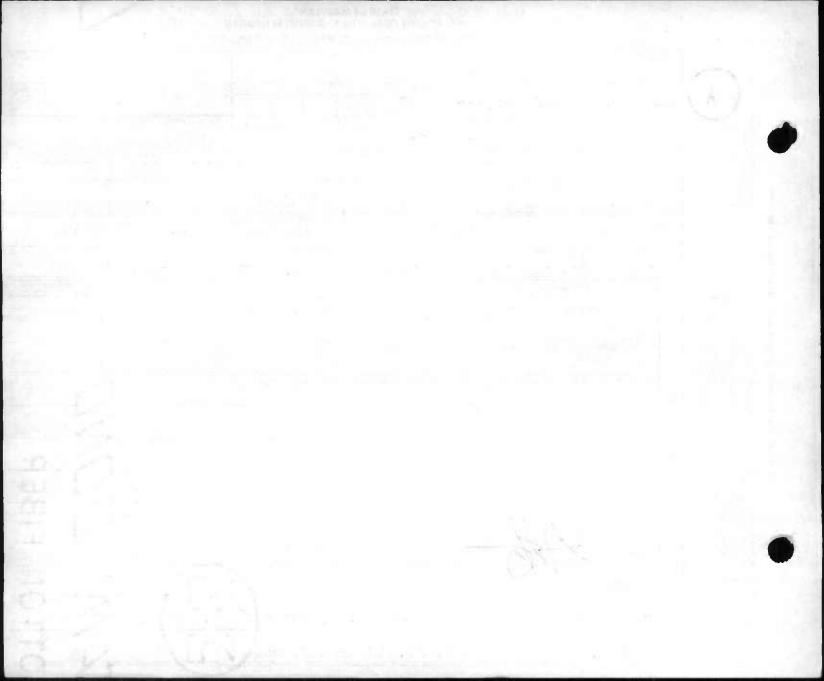
ADDRESS.

LREMATO

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

'ALEXANDRIA

Penn St.



death. Page 4 may be hours ofter

pode

medical

ury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

MPORTANT: If Hem 21 is marked or Item 18 shows any

					SIAIL	UFMAKTL	ANU					
1 -	FOR STATE REGISTRAR			DEPART		EALTH AND		YGIENE	REG.	2 3 NO.	0/	# EDT
	CEASED NAME	FIRST		MIDDLE	t/	AST		2a. D.A	TE OF DEATH	MONTH D	AY YEAR	26 HOUR
		AT.RTNA			GUERA	Œ			SEPTE	BER 30	1984	0615 제
. SE	X	4, F	ACE		5. DATE C			6 AGE	(IN YEARS LAST		UNDER I YEAR	HOURS MIN.
	Female		Whit	e	MONTH 7	28	1 4		70	YRS	DATE TOOKS MILE.	
	RTHPLACE (STATE OR FO	DREIGN 7b.	CITIZENOF	WHAT COUNTRY?	8.	NEVER	AAA BRIED T	9 BAL	TIMORE CITY	OR COUNTY	OF DEATH	
	aryland		U.S.	Α.	WIDOWE		VORCED 7	_	ANNE	ARUNDE	L COUN	TY MD.
0. C	ITY OR TOWN OF DEA	TH 11.		F HOSPITAL, NURSING HOME OR OTHER INST			TITUTION		SUAL OCCUPA		12b KIND C	OF BUSINESS OR
	GLEN BURN	TE	NORT	HEACILITY, GIVE STREET H ARUNDE		TAT.			aleslad	OF WORKING LIFE	Hutz	ler's
	AL RESIDENCE (IF NURSI		ER INSTITUTION					l.o. cr	DEET ADDRESS	. 710 6005	1	
	aryland	A.A.		N. Linth		13d. INSIDE (NO T	20	Devo	n Court	2109	0
4. F.	ATHER'S NAME					15. MOTHER						
	Frank	DLE	Hrubes	Hrubes Vi			La	a MIDDLE			Hlista	
60. V	VAS DECEASED EVER I	N U.S. ARMEI	FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORM			ADD	RESS		21401
{	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-30-	9354	Lynn	P. Ac	ckerma	an 1013	Mounta	in Top	Rd.
	II CAUSE OF DEATH	(Enter only o	ne couse per	line for (a), (b), on	dicil				-			MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED B	Y: .	metactal		ncino	ma !	of	leurs		m	with
		MMEDIATE C					- 2	9	1			7
	Conditions, if any,	ushiah (DUE TO, OI	r as a consequi	ENCE OF							
	gave rise to imm	ediate	lp)								1	
	cause (a), stating	lost	DUE TO, OI	r as a consequi	ENCE OF							
			(c)									
z	PART 2. OTHER SIGN	IFICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO	DE ATH BUT	NOT RELATE	O TO THE TE	RMINALD	ISE ASE OR CO	NDITION GIVE	N IN PART I	0
CERTIFICATION	11 0 175 05 0850 17	1011	IN COMP	7101150811111511	OBERATIO	ALLE DE DE	2050	200	AUTOPSY?	Table IF VEC	WERE FINDI	NOS HOSE
CA	190 DATE OF OPERAT	ION	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERF	DKWED	200	AUTOPSY?			OF DEATH?
RT								YES		YES		NO 🗌
	21a. ACCIDENT WAS UNDER		21b. TIME O	FINJURY M. MONTH D.	AY YEAR	21c. HOW I	4JURY OCC	URRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
SAL	I IF EITHER, NOTIFY MEDIC		P.	M.	19							
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE			21f. LOCATI			CITY OR	IOWN	COUNTY	STATE
Σ	WHILE NOT WHE	IE 🗌	TAT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE						
	220.1 certify that (1) (this haspital) attended the deceased from $9-16$						198 3	0, to	8-3	0 1	98 4	that (I) (we) lost
	saw the decease	d alive an	7-30	19_			(our) opini	an death a	ccurred on the	date and hour	and from the	causes stated
	above, (1) (we) (d	a) (dual not) vi	ew the body	atter death.		DEGREE					22c. DATE	SIGNED
	()	22		Som	207		ATTENDING	MED	MCAL ST	AFF		1-84
		1	100	- 41 1V			PHYSICIAN	I GO DIRE	CTOR PHYS	ICIANI	. /	0

saw obc 22b. SIG 22d. PHYSICIAN'S NAME | TYPE OR PRINT]

COUNTY

22e ADDRESS

Loudon Park Cemetery

95 AQUAHART ROAD

Baltimore

23b. DATE 23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(SPECIFY)

236 BURIAL, CREMATION, REMOVAL

Burial

3. SEX

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

10/3/84 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250 DATE REC D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 1984

Maryland

n. Jarl. Jarl. Jack Stein, Jack Attract Ave.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pagwith the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar ather traumatic event, the

STATE OF MARYLAND

1 -	STATE REGISTRAR	DEPARI		F DEATH	REG. NO		3)
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	(I		MONTH DAY	YEAR 26 HOUR 25.
	WAN	DA SUE	HAII	WEII			6-AM
a. SE	Female	AND TE	5. DATE OF BIRTH MONTH DAY	YEAR	AGE (IN YEARS LAST BIRT	MONTHS	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN
70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT AOUNTRY?	R	10	BALTIMORE CITY O	R COUNTY OF DE	ATH
W	est Virbina	USA	MARRIED NEVE	DIVORCED [ANNE A	RUNDE	=// MD.
A	NA POLIS	ANNE ARUNGE	11 GENER		20 USUAL OCCUPATE CLYPE OF WORK FOR MOST O HAIR UPCS	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY EACH
13a. S	AL RESIDENCE (IF NURSING OMEOR STATE 126 COUN	13c CITY OR TOV	SON YES	NO O	36. STREET, ADDRESS /	TAMY S	to 2560
14. FA	ATHER'S NAME	MIDDLE BAISJAN	15 MOTHE	ER'S MAIDEN NAME	WIDDIE		LAST
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECULAR OR DATES) 236-61	D-DOT DO	Mart H	Alliuse/	\$ #1	3 6
	PART I. DEATH WAS CAUSE		1 1- 11	LON	,	. В	APPRÖXIMATE INTERVAL ETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	311C TO	210)	EN		
N O	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE OR CONI	DITION GIVEN IN F	'ART Iro
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PER	RFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C YES [FINDINGS USED AUSES OF DEATH? NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		INJURY OCCURRE	D (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR	PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCA	ATION REET	CITY OR TO	wn col	UNITY STATE
	22a.1 certify that (I) (this haspi saw the deceased alive an above, M (we) (did) (did no	atal) atterded the deceosed from 19	, and that in \varTheta		to 77 y	19	, that h (we) last om the causes stated
	Startin la	100000	DEGREE LUNICIC		MEDICAL STAF		DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE C)R PRINT)	22e ADDI	KE22			
13	BURIAL, CREMATION, REMOVAL	23h DATE 7-11-84 M	T. VIEW DE	DEY GARder	23d LOCATION	PR COUN	W. Vastate
24 F	UNERAL DIPECTOR	esty Andress	Md. 219	101 SEP	REC'D. BY REGISTRAR	256 REGISTRAR'S S	SIGNATURE - Production
					1 1 1		

DHMH - 16 50M 4/83 (VRA 15, 4)

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death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physician.

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etained by the hospital

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director. Is should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	STATE REGISTRAR			V. T	CERTIF	ICATE OF D	EATH	A REG	NO.	0 0	EDT		
ī		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEATH	H MONTH	DAY YEAR	2b. HOUR		
	(ELWOO	D	I.	HA	MMETT		SEPTEMBE	22,	1984	555 P M		
	SEX	K		4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS		
	Ma	ale	5. 13	caucas	ian	7	11	26	58	YRS	5			
1	a BIF	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	NEVER A	AAPPIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH			
1		laryland		U.S	.A.	WIDOWE		VORCED	ANNE ARI	UNDEL	COUNTY	MD.		
1	0 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NU	JRSING HOME C	OR OTHER INST	ITUTION	12a USUAL OCCUP		12b. KIND OF BUSINESS OR			
10	GT.F	EN BURNIE				HOSPIT	AL		Salesma			Cemeterv		
	USUA	AL RESIDENCE (# NUR	13b COUN				A 124 INICIDE C	ITV LIMITED						
		ryland	A.		Glen	Burnie	13d. INSIDE C	NO []	13e.STREET ADDRE			1061		
		THER'S NAME						MAIDEN NA	ME					
5		S.		MIDDLE C1	evela.		Rut	h	MIDDI		Pic			
1		VAS DECEASED EVE	R IN U.S. AR			SECURITY NO.	17. INFORMA			DRESS	FICI			
	U	Yes no or unknown)	W.W	TT	219-1	8-8538	Andre	T Hami	mett-209	Rido	rely Roa	5e		
F							TIGGIC	y Hann		MIG		MATE INTERVAL		
1		PART 1. DEATH \	WAS CAUSE	D BY:	Time for (a), (c	Dulmon	244	Embo	105		14 44	14 wedicte		
1		4 TOTAL	IMMEDIA	E CAUSE (0)								1		
1		C to a		DUE TO, O	R AS A CONS	43 ASS	res				3 4	reeles		
1		Conditions, if any gave rise to in	nmediate	(p)_		0						,		
1		couse (a), state underlying cous		DUE TO, O	R ASA CONS	FOUENCE OF	+				14	eek		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN												
1	2	PART 2. OTHER SIG	SINIFICAINT	CNUITIONS	JINTRIBUTING	S TO DEATH BUT	NOT RELATED	10 THE TERM	TINAL DISEASE OR C	ONDITION	Stocia da Laki 10			
1	CERTIFICATION	190. DATE OF OPERA	ATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE FINDIN			
)	IFIC								YES T NO	_ /	PTIFYING CAUSES	OF DEATH?		
H	CER	210. ACCIDENT WAS UP	NDERLYING	21b. TIME C			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF		18 PART I OR PART 2)			
		OR CONTRIBUTING		O'M	M, MONTH	DAY YEAR								
1	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATIO							
1	WE	WHILE NOT W	VHILE	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	STREET		CITY C	OR TOWN	COUNTY	STATE		
	211	22a. I certify that	this hospi	tol) attended th	e decensed for	m 9/3	2	1084	10 9/4	2.	1004	that (1) we) last		
		saw the decea	sed alive on	912	1	0 10	nd that in (my)	our) opinion	death accurred on th	e date and h		0.		
1		22b. SIGNATURE	(did) (did no	t) view the body	atter death.		DEGREE				22c. PATE	SIGNED		
			- Un	PT	2-0	440	4	TTENDING		STAFF	9/23	184		
Н		77d PHYSICIAN'S NAME (TYPE OR PRINT) 27d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS												
	4	The second second			M D				T HITCHWAY	CIEN	I I DAITE A	m 21061		
+	22 2	<u> </u>		. FORMA	N, M.U			RITCHI		GLEN	URNIE, M	D 21061		
	- (BURIAL, CREMATION	I, REMOVAL		0.4	23¢ NAME OF C			23d LOCATION CITY OR TOW	N	COUNTY	Md.		
	-	Burial -		9-26-	84	Crestla	wn cem		Glen B					
- 1		UNERAL DIRECTOR			ADDI	RESS	-	SF	P 2 1 108	L.C.	MAIL A	OKE AND		
-1	Ra	aymond C	. Fin	k Gle	n Bur	nie, Mo	a.	00	. 0 4 100	France	Davidson-D	anacoc		

DHMH - 16 50M 4/83

(VRA 15, 4)

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	2 100 - 24					

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OR ATTENDING PHYSICIAN: The fow

TO HOSPITAL

etoined by the hospital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	, , 3	EDT		
DECEASED NAME	FIRST	MIDDLE	- 1	AST	20 DATE OF DEATH MONTH	DAY YEAR	2h. HOUR		
REGISTRAR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) 3. SEX 4. RACE Male White 7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NORTH ARUN U.S.A. 12. CITY OR TOWN OF DEATH 13a. STATE USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE 13b. COUNTY) Maryland AnneArundel Glee 14. FATHER'S NAME FIRST HE MADDLE HE PMAN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR V. 19a. DATE OF OPERATION 19b. CONDITION FOR V. 21b. TIME OF INJURY	LINCOLN	HARTI	NG	SEPTEMBER	4. 1984	141 A			
3. SEX		CE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
Male		White	Jun	e 30, 1912	72 Y	MONTHS DAYS	HOURS MIN.		
To BIRTHPLACE ISTATE	OR FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY OF DEATH				
-	nia l	II S A	WIDOWE	DI DIVORCED	ANNE ARUN	TOPI COUNT	TY MD		
		NAME OF HOSPITAL, NURSII	•		12a USUAL OCCUPATION	126 KIND C	OF BUSINESS OR		
			L HOSF	PITAL	Supervisor		Service		
USUAL RESIDENCE (# N 13a. STATE		R INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE			
				YES NO 🔀	1306 Tarrant		21061		
				15. MOTHER'S MAIDEN NA	ME MIDQLE	IA.			
••			ting	Lulu	C	UnKn			
60 WAS DECEASED EV	ER IN U.S. ARMED	FORCES? 166. SOCIAL SECT		17 INFORMANT	ADDRESS	O III I	10 11 11		
	JIF YES, GIVE WAR		6545	Mrs Harriot	C. Harting (Wife) Sam	ne as #1		
	A701.5			MIS. Harrice	O. marting (APPROX	MATE INTERVAL ONSET AND DEATH		
couse (o), stounderlying cou	oting the use last.	DUE TO, OR AS A CONSEQUE (c) DITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM					
19a. DATE OF OPE	RATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FINDI ERTIFYING CAUSES YES			
OR CONTRACTOR (CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE)	M IB PART I OR PART 2)			
	IPPED		EARM STC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	WHILE [(AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.				STATE		
22a. certify that sow the dece obove, (1) (we	WHILE WORK (I) (this hospital) of the speed plive on	attended the deceased from.	8-2 84. or		, to	d hour and from the	that (I) (we) lost couses stated		
22a. certify that saw the dece obove, (1) (we	WHILE WORK (I) (this hospital) of the speed plive on	attended the deceased from.	8-2 84. or	DEGREE ATTENDING	, 10	d hour and from the	that (I) (we) lost couses stated		
27a. I certify that sow the dece obove. (1) (we 22b. S	WHILE UNDER THE PRINT OF PRINT	strended the deceosed from 9 - 4 19 - with a body ofter death.	8-2 84. or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 95	MEDICAL STAFF DIRECTOR PHYSICIAN C	22c. DATE	that (I) (we) lost couses stated		
27a. I certify that saw the dece obove, (I) (we 27b. S 22d. PHYSICIAN'S	WHILE [] (1) (this hospital) cosed alive on [] (did) (did not) vie	attended the deceosed from. 19	8-2 87. or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS GIEN BUR	MEDICAL STAFF DIRECTOR PHYSICIAN C AQUAHART ROAL NTE MARYLAND	22c. DATE	that (I) (we) lost couses stated		
27a. I certify that sow the dece obove, (I) (we 27b. S SANG 23a BURIAL, CREMATIO	WHILE UNDER THE PRINCE OF THE	w the body ofter death. M D ATE 23c.	NAME OF C	DEGREE ATTENDING PHYSICIAN E 22e ADDRESS GIEN BIR EMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN C	22c DATE 22c DATE 21061	that (I) (we) los couses stated		

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been

should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages I with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

Singleton Funeral Home Glen Burnie, Md.

SEP 6

1984 Julie Davidson-Randalle

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the ishould be detached for use as the busial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical exam

MPORTANT: If Item 21 is marked or Item 18 shows any

executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

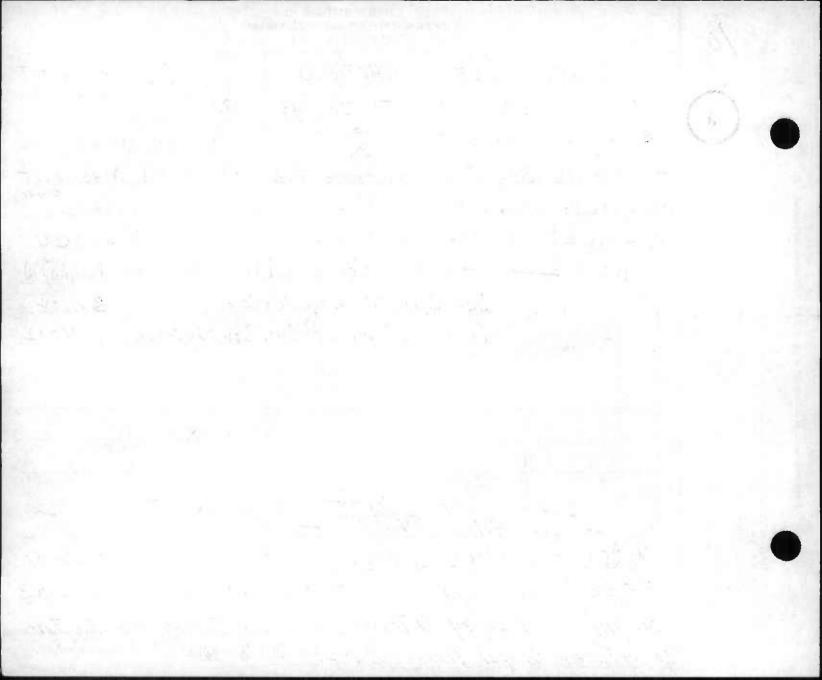
DEPARTMENT OF HEALTH AND MENTAL HYCIENC

10,	.,		[4]	. 1
6-10	e.s	100	1	3.0
REG NO				

1 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE		REG. NO	2 3 0	3 5	
	CEASED NAME CLARK	LEE	HATFI	ELD		9 25.	84 4:00	A
3. SE	MALE	CAUCASI AN	5 DATE OF BIRTH	8 93	AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 24 HI S DAYS HOURS MI	RS N.
(IRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY	MARRIED NE	DIVORCED	BALTIMORE CITY O	Ne A	RUNDE	do.
JUSU C	AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSI 304 De LITT PRESIDENTE DE LITTE DE LI	EMPY Gral		120 USUAL OCCUPATION OF THE STATE OF THE STA	ON FWORKING (E) IN	NACHINIS	P
	ARYAND ANNE	136 GITY OR TO)	40/15 13d INS	NO 🗆	30 49.	herry	GROVE 214	01
14. F7	4	MED FORCES? 166 SOCIAL SEC	ILELD E	PIRST HER'S MAIDEN NAMI	MIDDLE	M	955ey	
	YES NO OR UNITHOWN) (IF YES, GIV	E WAR OR DATES) +10-10	2-2453 No	mond. Hatty	3,2 408	herry Gran	Annopolis	10
	PARTI DEATH WAS CAUSE	ly one couse per ine for (o), (b), o D BY: E CAUSE (o) DEHYDR	ATTION, C	PACHEX	ia		3 mos	H
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c)	LLOUIS UENCE OF	c Pulm.	Emphy.	Sema	5 year	4
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			AL DISEASE OR CONT	20b. IF YES, WEF	RE FINDINGS USED CAUSES OF DEATH?	_
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	W INJURY OCCURRE	YES NO	YES T	NO RPART 2)	18
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC)	CATION	2 CITY OR TO	WN A	OUNTY STATE	20
	sow the deceosed olive on obove, (i) and (idid) (did of	To the deceased from the view the body latter death.	O DEGREE	ATTENDING Y	MEDICAL STAP	F 2	from the couses stated 2c. DATE SIGNED 9-25-87	ost
	PETER F. V	ERKOUW	22e AD		- DR. An	napoli	md 2140	23
	BURIAL, CREMATION, REMOVAL	9/27/84 CA	NAME OF CEMETERY	Memorial	Challanoc	DA HOM	ilton Th	10
29 FL	UNERAL DIRECTOR	A 1 / ADDRESS	10	250. DATE	REC'D. BY REGISTRAR	TO REGISTRAR'S	SIGNATURE	

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.



4		1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	9	Z J	J 3 4	
2000		(TYPE	OR PRINT)	FIRST WYE	RUE	MIDDLE	Ho	2 w kuns	20 DATE OF DEATH	9/1	7/84	HOUR M
		3 SE	Male	4	RACE BI	ack	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAS	YRS	MONTHS DAYS HOL	DER 24 HRS DRS MIN
	26		RTHPLACE (STATE OR FOR	REIGN 76	U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED	9 BALTIMORE CIT ANNE ART			MD
* TO 1	53	10 CI	TY OR TOWN OF DEATH	5		HOSPITAL, NURSIN CHFACILITY, GIVESTREET HEU		Ceneral H	120 USUAL OCCUP	ST OF WORKING LI	12b. KIND OF BU INDUSTRY	SINESS OR
e i g	25	USU. 13a MA		S HOME OR O	THER INSTITUTION, Y	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	BOX 905 C		field Rd.	9
with solete	1	14. F.A	THER'S NAME JAMES	мі	DDLE	HAWKINS		AGNES	MIDDL	F	ORRESTER	
e execut	Diparie di	16a V	VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	220-16-5		FRANCES HAWK	Annapolisa INS 905 Ch			
ertificate b ng physicial bon popers. remaval.	4		18. CAUSE OF DEATH PART I. DEATH WAS	S CAUSED		line for (a), (b), and	d ieu	Renal fai	ilure		2 Wes	
the the crem			Conditions, if any, very gove rise to immer cause (a), stating underlying cause	diote	(b)	R AS A CONSEQUE						
equires the signed b	in or y, or	NO	PART 2. OTHER SIGNIE		evere	Α.	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GIV	/EN IN PART Ital	
e law n. nas ber permit	2	CERTIFICATION	190 DATE OF OPERATIO	NC	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO	IN CERTI	S, WERE FINDINGS FYING CAUSES OF E S \ \ \	
SICIAN. ng phys certifico		MEDICAL CER	2) a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
16 4 7	D Dake	MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	-		REET, EACTORY, OFFICE T	1	211 LOCATION STREET	als:	RTOWN	COUNTY	STATE
ATTENDI Spital ar CTOR: A I for use	S 1 7 1		22s I certify that (I) (the saw the deceased above, (I) (we) (did	his hospito olive on_ (did not)	i) ottended the	e deceased from 19	34	d that in (my) (our) opinion	death occurred on th	e date and ha		(I) (we) lost es stoted
0 8 0 0 0			THE SIGNATURE	3 to	. Jel	brick		DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	STAFF (SICIAN	221. DATE SIGN	JED 34
HOS arned FUN ould b	- I		STUNT	E TYPE OR	TIMING	uich, a		51 Frauklin	St. Au	uap.	Md ZIO	14
5 g 5 g 3	<u> </u>	22 5	UBIAL CREWATION RE	MOVAL	AND DATE	122. 1	IAME OF C	FINETERY OR CREW AT ORY	1224 LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL 24 FUNERAL DIRECTOR AMMAD 23b. DATE 9-21-1984 1 Annapolis, Ma. 21401

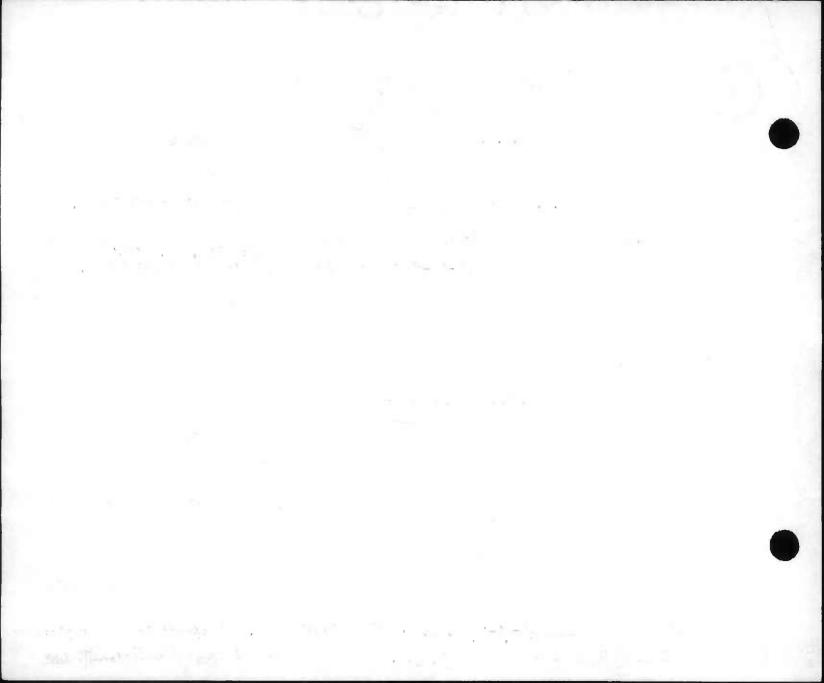
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

WILLIAM REESE & SONS MORTUARY, P.A.

Mt. Tabor Church Cema Chestorfield Many I 250 DATE REC'D. BY REGISTRAR'S SIGNATURE SEP 2.1 1001 Fulia Savidon Por



DEPAR

		CEKIII	ICATE OF DEATH	REG. NO.			
N	MIDDLE	L	AST	20 DATE OF DEATH MONTH	H DA	Y YEAR	2b. HOUR
		HE	EAPS :	September 25	, 19	84	3:45A
CE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF	UNDER TYEAR	IF UNDER 24 HRS
Vhite		MONTH		70		NIHS DAYS	HOURS MIN
	WHAT COUNTRY?	Ap.	ril 11,1914	9 BALTIMORE CITY OR CO	YRS.	E DEATH	
U.S.		MARRIE	D NEVER MARRIED DIVORCED	Anne Arunde			
IF NOT IN SUCT	HOSPITAL, NURSING H FACILITY, GIVE STREET A Arundel H	ADDRESS)	or other institution a1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	KING LIFE)		of BUSINESS O
undel	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Glen But	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP 1509 Tieman		re :	21061
	Bowen	Sr.	15. MOTHER'S MAIDEN NA/ FIRST Jeanie	WIDDLE		Ros	
FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS			
OR DATES)	212-09-99	951	James Heaps	Same as #	13		
USE (a)	Carleros Conseque		and				
(c)	RAS A CONSEQUE VIVAL P RAS A CONSEQUE	NCE OF	and tis pericard		N GIVEN	IN PART 10	0
OUE TO OF	RAS A CONSEQUE RAS A CONSEQUE DITRIBUTING TO D	NCE OF NCE OF	and tis pericard	INAL DISEASE OR CONDITIO	IF YES, V	WERE FINDIN	NGS USED
OUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE DITRIBUTING TO D	NCE OF NCE OF	and tin pericand	INAL DISEASE OR CONDITIO	IF YES, V	WERE FINDIN	
OUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D THOM FOR WHICH IT FINJURY M. MONTH DA	NCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	IN AL DISEASE OR CONDITIO	IF YES, V CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?
(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH IT F INJURY M. MONTH DA M.	NCE OF DEATH BUT OPERATION Y YEAR 19	tes pericand	IN AL DISEASE OR CONDITIO	IF YES, V CERTIFYII YES	WERE FINDING CAUSES	NGS USED OF DEATH?
(b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT ITINIAN IT	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET	IN AL DISEASE OR CONDITIO 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN 11	IF YES, NCERTIFYII YES EM 18 PAR	WERE FINDING CAUSES T T OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
(b)	R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY OF INJURY RET, FACTORY, OFFICE, FA	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 62 and that in (my) (****) opinion of DEGREE ATTENDING	IN AL DISEASE OR CONDITIO 200 AUTOPSY? YES NO CONTROL NOT TOWN CITY OR TOWN TO GO TOWN TO GO TOWN MEDICAL STAFF	IF YES, \CERTIFYI YES EM 18 PAR	WERE FINDING CAUSES T T OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
(b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT ITINIAN IT	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 4 5 Ind that in (my) (****) opinion of DEGREE ATTENDING PHYSICIAN	INAL DISEASE OR CONDITIO 200 AUTOPSY? 200. INC. YES NO RED (ENTER NATURE OF INJURY IN IT. CITY OR TOWN to	IF YES, \CERTIFYI YES EM 18 PAR	WERE FINDING CAUSES TTORPART?	NGS USED OF DEATH? NO STATE
(b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D THOM FOR WHICH IT FINJURY M. MONTH DA M. OF INJURY GEET, FACTORY, OFFICE, FA e deceosed from THE TO SECULATE TO SECUL	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 62 and that in (my) (****) opinion of DEGREE ATTENDING	IN AL DISEASE OR CONDITIO 200 AUTOPSY? YES NO CONTROL IN CONTROL	IF YES, \CERTIFYI YES EM 18 PAR	COUNTY COUNTY 22c. DATE	NGS USED OF DEATH? NO STATE

FOR - STATE REGISTRAR

Female

DECEASED NAME (TYPE OR PRINT)

3. SEX

FIRST

GLADYS

HENTHPLACE (STATE OR FOREIGN COUNTRY Maryland

76 CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL NURS

Glen Burnie ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF 30 STATE

CITY OR TOWN OF DEATH

136 COUNTY Anne Arundel Glen B

North Arundel

Maryland M. FATHER'S NAME

No

CERTIFICATION

MEDICAL

Howard

LYES, NO OR UNKNOWN)

MIDDLE R.

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b),

4. RACE

IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause

190 DATE OF OPERATION

21d. INJURY OCCURRED

22h SIGNAL

(SPECIFY)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

19b. CONDITION FOR WHIC

9/28/84

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death.

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Lorraine Park

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

Morton Kreiger

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

0

24 FUNERAL DIRECTOR roy M. & Russell C. Witzke Funeral Homes P.A. 30 Edmondson Avenue Catonsville, Md. 21228

Woodlawn

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6 1984 Juna Dandson Arm

COUNTY

Md. STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The law

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MADRIANT. If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examples to the state of the second state of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

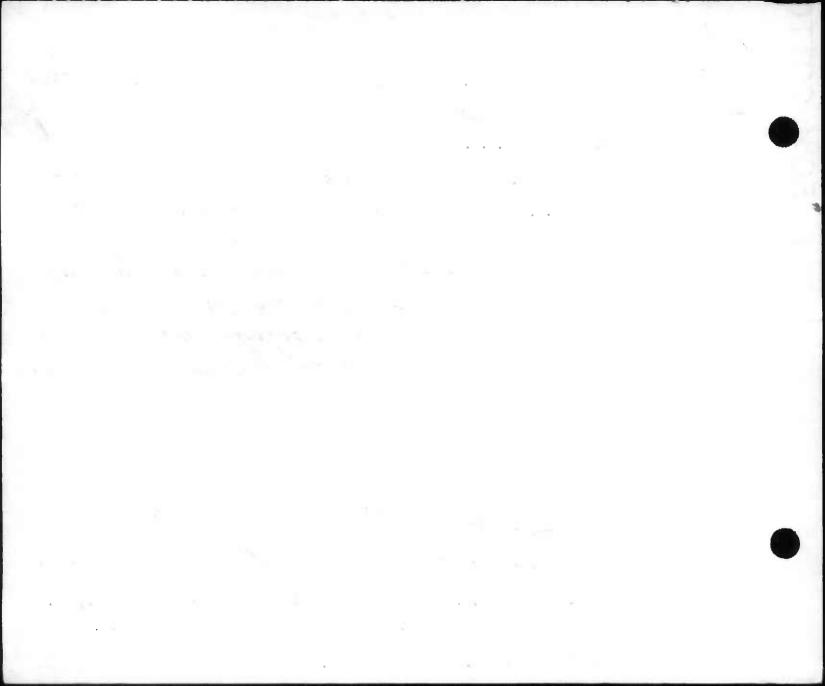
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1	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL H	0	EG. NO.	ن ر	O
ł	1. DEC	EASED NAME FIRST	MIDDLE	- L	A51	2a DATE OF DEA		DAY YEAR	2b HOUR
ı	(TYPE	OR PRINT) MILDRE	D L.	HED	CES		09	14 84	3:25P _M
ł	3. SE X		4 RACE	5. DATE C		6. AGE LIN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
I	F	'EMALE	WHITE	2	7 17		67 YRS	MONTHS DAYS	HOURS MIN.
ì	7a BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE C			
ı		Maryland	U.S.A.	WIDOWE			ARUNDEL		MD.
1	10 C11	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCC	MOST OF WORKING	126 KIND (OF BUSINESS OR
1	GL	EN BURNIE	N. ARUNDEL GEN		HOSPITAL	Homema	ker	JINDOSTKT	
7	Ma S	ryland 13b COUNTY 13b COUNT		WN		214 Obr	ress / zip co		08
-	14 FA	THER'S NAME UN KNOWN	MIDDLE LAST		15. MOTHER'S MAIDEN N	NKNOW	POLEN	LA	ST
1	16a W	AS DECEASED EVER IN U.S. AR	E WAR OR DATEST		17 INFORMANT			21061	
l	,,,,	es no or unknown) (if yes, giv	220-12-7	7270	Betty Calv	ert 208 S.	Bridge		pt. B
Í		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), o	ind (c)	hour hour	1 16 . 6			ONSET AND DEATH
ı			TE CAUSE (a)	mo	rssnie klai				nuns
ı			DUE TO, OR AS A CONSEOL	JENCE OF	Corman	a achien	1151	1110	10 418
ı		Conditions, if any, which gove rise to immediate	(b)			9 04 12 19	70. 6 4	20 1	0 ///
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF	Recal	peilue	و	6	Regardy
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease or	CONDITION	GIVEN IN PART 1	a
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	h operatio	N WAS PERFORMED	ZOO AUTOPSY	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
1	CER	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM I	8 PART OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA	AIH	19					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	FARM ETC)	211 LOCATION	Ç iT	ORTOWN	(OUNTY	STATE
ı	2	AT WORK AT WORK					1-16-		
			attended the deceased fram		nd that in (my) (our) opinion	on death occurred on	the date and h	19nour and from the	that (I) (we) lost couses stated
ı		22b. SIGNATURE			DEGREE	1		22c DATE	SIGNED
			(callent)		ATTENDING PHYSICIAN		STAFF PHYSICIAN [91	1484
		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS				/
		SILVINO B. MU			5010 RITCH	IE HIGHWA	BROO	KIYN PK	MD
-		URIAL, CREMATION, REMOVAL	100 07170		EMETERY OR CREMATOR	y 23d LOCATIO	N N	COUNTY.	STAU
		Burial	9/18/84	edar	H111 Cemeter		lyn Pk.	A.A.	Md.
		INERAL DIRECTOR	ADDRESS		21229	ATE-REC'D. BY REGIS	17 4	ISTRAR'S SIGNA	A second
1	HU	BBARD FUNERAL	HOME, INC. 4107	WILKE	NS AVE.	A 1 K			*

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

retained by the haspital ai attending physician



requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE	
CE	RTI	FICAT	E OF	DEATH		

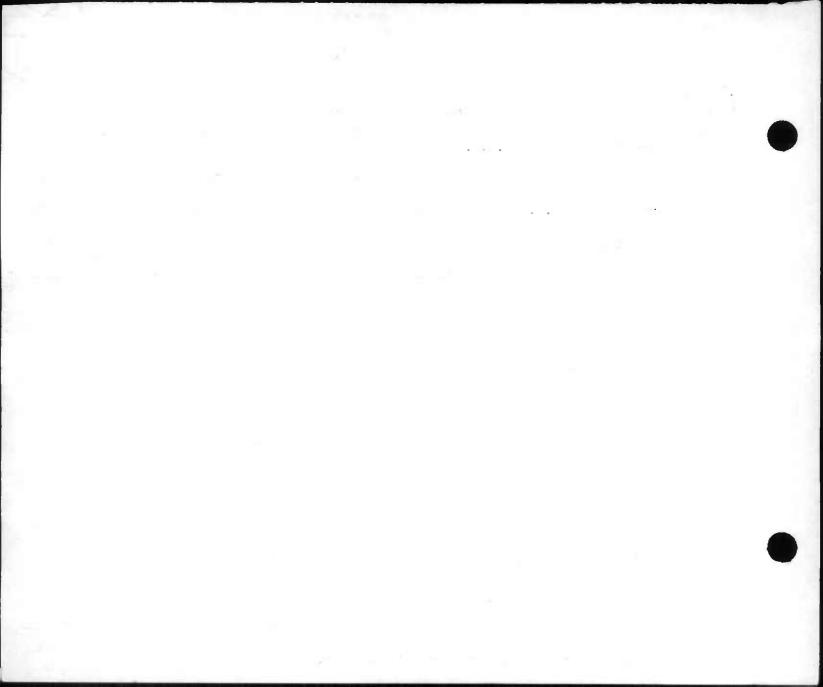
23337 87

1.	FOR - STATE REGISTRAR	DEPA	ARTMENT OF H CERTIF	ICATE OF D	MENTAL HYGII EATH	ENE A REG. NO	O.	J 5	E	Т
	CEASED NAME FIRST LEONAR	DD R	HENDER	RSON .			MONTH E	1984	26 HOU 2032	
3. SE	X	4 RACE	S. DATE C			6 AGE (IN YEARS LAST BIR	HDAY)	FUNDER I YEAR		24 HRS
	Male	White	8 8	31	°Ĉ2	82	YRS	NO.411.3	I CORS	pr. 10-94
	RTHPLACE (STATE OR FOREIGN COUNTRY) rginia	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIEI WIDOWE	D A NEVER M	ARRIED	9 BALTIMORE CITY O ANNE AF			Y	MD.
10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NU			ITUTION	(TYPE OF WORK FOR MOST O Construct	F WORKING LIFE	126 KIND INDUSTRY Sel	OF BUSINE	SS OR
13a. 3	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN A.A	NTY 13c CITY OR	SEFORE ADMISSION) TOWN Urnie	13d INSIDE CI	TY LIMITS?	13. STREET ADDRESS 420 Apt. A	ZIP CODE Sec I	21 uded E	.061 Post C	er.
14. E/	ATHER'S NAME FIRST William	MIDDLE LAST	derson		MAIDEN NAM PIRST Dora	E MIDDLE		Ė	hilli	ips
	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMAL	NT	ADDRE	SS	21061		
	NO NO CHARLOWN)		5-9182	Kather	rine Her	nderson 420	Apt.			Pos
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly one couse per line for 01, (b D BY: (E CAUSE (o)	ackl	àe	an	rent		APPRO BETWEEN	DXIMATE INTER N ONSET AND	DEATH
z	Canditions, if ony, which gove rise to immediate cause (cal, stating the underlying couse last	(b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING		NOT RELATED	TO THE TERMIN	nal Disease or Coni	DITION GIV	EN IN PART	la	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FIND YING CAUSE S		TH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	EY IN ITEM 18 P	ART I OR PART ?)		
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC)	211 LOCATIO	N	CITY OR TO	WN	COUNTY	5	TATE
	220-1 certify that (I) (this haspi saw the deceased alive on above, (I) (we tided) did no					, to eath occurred on the do			e couses sto	
	274 SIGNATURE	le-		F	TTENDING PHYSICIAN []	MEDICAL STAR	IAN 🗌		ESIGNED	
	MARC A. KAPI	AN, M.D.		22e ADDRESS	704	T77 3 (AT) 17 A)		UITE 2 61	.00	
	BURIAL, CREMATION, REMOVAL		23c NAME OF C			23d LOCATION		COUNTY		TATE
_	Burial	9/29/84	Loudon	Park Co		Baltimor			Maryl	Land
	uneral director ubbard Funeral F	Home, Inc. 410	2122 7 Wilker	29 ns Ave.	OG DATE	rec'd. by registrar 1 1984	256. REGIST	RAR'S SIGNA	Manda	ML.

DHMH - 16 50M 4/B3 (VRA 15, 4)

10 function on describe after the restricted has been egined by the attending physicion and completely filled in by about the detected for one or the burst training serving. Then place remove corbonopapers. Pages 1 and 2 shauld be filed. The State Dept. at Health and Merical Hydrene place to burst, cremation, or removal.

MAPORTANT If them 21 is marked or from 18 that a committee for other troumatic event, the medical axional marked or



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 3 ne prior to bu nauld be detached for use as the burial-transit p ith the State Dept. of Health and Mental Hygier TO FUNERAL DIRECTOR: etained by the hospital

					STATE	OF MARYLAND					
Y.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL	HYGH	ENE REG. NO	3	ن ن	3
1. DE	CEASED NAME BET	ılah ULAH	A	deline		erwig RWG		September	1,	1984	26. HOUR 940 AM
3. SE	EMALE		NHIT	-6	June	DAY YEAR	R	6 AGE (INYEARS LAST BIRTH		IF UNDER) YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR F COUNTRY) NARYLAN	0	USA		WIDOWE	Will be a second of the second		9 BALTIMORE CITY OF		UNDEL	7.10,
10 C	IEN BURN			FACILITY, GIVE STREET	DDRESS)	NRSG . HON		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LI	FE) INDUSTRY	Home
Ma	aryland	City		Baltimo	٧	134 INSIDE CITY LIMIT]	3013 Pulasi			21224
-	ATHER'S NAME FIRST	MIDD		Masel		15. MOTHER'S MAIDE	MAPI PI	Elizabet	h	Knig	
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)		FORCES?	166 SOCIAL SECU	9334	17 INFORMANT	Не	erwig (Son)	^s 725	Cotter	Road
	18 CAUSE OF DEAT PART I. DEATH W		Υ.	Samele	Mr.	neretion				BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, gave rise to imm couse (a), statin underlying couse	nediote g the	(b)	AS A CONSEQUE							
N	PART 2. OTHER SIGN	- /	DITIONS CO	1		1 -1 -	TERMIT	NAL DISEASE OR COND	ITION GIV	VEN IN PART TO),
ERTIFICATION	190 DATE OF OPERA	NO ST	196. CONDIT	TION FOR WHICH	OPERATIO	Name //22/ N WAS PERFORMED	07)	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES	
OK.	210 ACCIDENT WAS UNE	ERLYING	21b. TIME OF	INJURY		21c HOW INJURY OF	CCURRE	ED (ENTER NATURE OF INJURY	IN ITEM TS. I	PART I OR PART 21	

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated SIGNATURE 22c. DATE SIGNED DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) .1984

LOCATION CITY OR TOWN

Lawn Cemetery Burial Sept.5 Oak 24 FUNERAL DIRECTOR Glen Burnie, Md. Singleton Funeral

Baltimore City Maryland
REC'D. BY REGISTRAR'S SIGNATURE SEP

COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

BP.

marked or Item 18 shaws

IMPORTANT: If Item 21 is

MEDICAL

filled in k ould be f

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MPORTANT

STATE OF MARYLAND

DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
CEI	RTH	FICATE	OF	DEATH	0

EPARTMENT	OF I	HEALTH	AND	MENTAL	
CEI	RTH	FICATE	OF	DEATH	0

- STATE REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME LAST 2h HOUR (TYPE OR PRINT) Hillier Edith N. SEPTEMBER 1984 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 4 RACE AGE LIN YEARS LAST BIRTHDAYS IF LINDER LYEAR AUGUST 10 1928 White Female 56 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel County NOVA SCOTIA CANADA WIDOWEDV 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Anne Arundel General LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Annapolis Hospital WAITRESS RESTAURANT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
134 COUNTY
136 COUNTY
137 A.A. CO.
130 Annapolis Annapolis 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LYALTS? 1216 Hampton Rd. 21401 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME

YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	070-26-6217	LILLIAN	WILSON	1882 PSE 18	S ST 21403
18 CAUSE OF DEATI PART I. DEATH W	H (Enter only one couse per AS CAUSED BY IMMEDIATE CAUSE (o)	Titute My	pocarde	ilda	bution	METWEEN GROSS AND DEATH
Conditions, if ony,	DUE TO, O	R AS A CONSEQUENCE OF	dioce	nie &	hack	4 hr
gove rise to imm couse (a), statin underlying couse	g the DUE TO O	RAS A CONTIQUENCE OF	slite H	east	Black	4hr -

CAROLINE

MIDDLE

Annapolis

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS

OLIVE

STATE

PRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIME

70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! NO

HOUR A.M. MONTH OF CONTEBUTING !! CAUSE OF DEATH OF EITHER HITCHY INDICALOXAGNERS P.M.

21d INJURY OCCURRED THE PLACE OF INJURY COUNTY AT HOME STREET, ENCYONY, ORDICA, PARM, ETC.)

NOT WHILE sow the deceased alive or occurred on the date and hour and from the causes stated

SNATURE DEGREE 22¢ DATE SIGNED ATTENDING STAFF

22e. ADDRESS

230 BURIAL CREMATION REMOVAL CITY OR TOWN Burial 9-10-84 Hillcrest Cemetery

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis, Maryland

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

STAFFORD

CERTIFICATION

MEDICAL

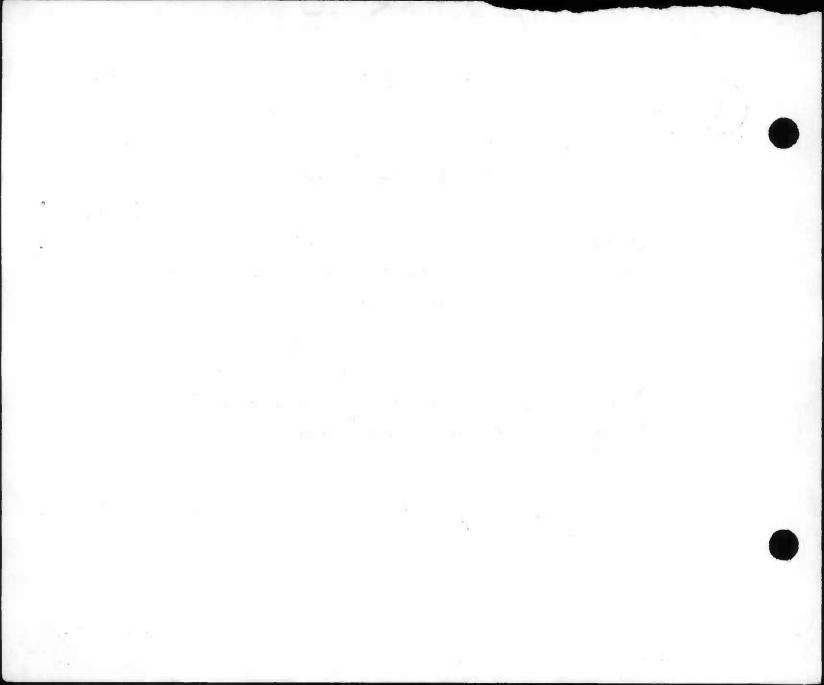
LAST

SNOWE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

d b



O HOSPITAL OR ATTENDING PHYSICIAN: The low

the attending physician and campletely filled in by the funeral director, page 3 remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours after death

notified of once.

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEATH	LHTGIE	REG. NO	3 4	0 1	U
		CEASED NAME OR PRINT)	KODOK	3.	NIDDLE	HOOL	AR Su		o. DATE OF DEATH	9 16	84	26. HOUR 1440
	3. SEX	Male	2 4	RACE	ite	S. DATE C		1	AGE (IN YEARS LAST BIRT	YRS.	UNDER TYEAR	HOURS MIN.
		COUNTRY)	Oklah.	US	AHAT COUNTR	WIDOWE	D DIVORCED		ANN E	ARUN.	DEC.	MD
	() C	COWNSVILL	E	C/ZUWY	S VILL	E STATE	E HOSPITA		20 USUAL OCCUPATK TYPE OF WORK FOR MOST OF IRON WO		12b. KIND O INDUSTRY	OF BUSINESS OR
	USUA 130. S	AL RESIDENCE (IF NURS	13b. COUNTY		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMIT YES NO 🛣	1	se. STREET ADDRESS	ville	asade	za,/ld. 21122
1	-	THER'S NAME FIRST	-	DOLE	HOOY	CR	NOHIC	N NAME	WIDDLE		Dre	X
		VAS DECEASED EVER (ES, NO OR UNKNOWN) WAVY		ED FORCES? WAR OR DATES)	2/5-0	7-766	HUSPITAL 1	7400	W) Mabel	ss Same a	u #13	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:	line for (0), (b), CAROLO	RESPIEM	rupy phlo	EST			1	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, gove rise to immocouse (a), statinunderlying couse	nediate ig the	(b)	RAS A CONSEC PN 6 U M 0 RAS A CONSEC CASTERINA	MAS I	(EBI) n Bleed	, N 6				
	NOI	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ENTRIBUTING T		NOT RELATED TO THE			DITION GIVEN	IN PART 10	0
	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES ₩ NO□	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
		210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	NIA	CCURREI	RULINI PO BRUTAN RETINE)	Y IN ITEM 18 PARI	T I OR PART 2}	
	MEDICAL	21d. INJURY OCCURI	AV/	21e. PLACE (LAT HOME, STR	OF INJURY EET FACTORY, OFFIC	CE FARM, ETC)	ZII. LOCATION STREET N/	A	CITY OR FO	WN	COUNTY	STATÉ
		220.1 certify that (1) saw the decease above, (1) (was) (ed alive an_	STEL	619	84.00	nd that in (my) (aur) ap	oinion de	, to oth accurred on the do		and from the	
		22h SIONATURE	tome	w	Me	3.	M-D ATTENDI	ING	MEDICAL STAF DIRECTOR PHYSIC		PI6	SIGNED
		THON	AS	GR	EEN,	M.D.	22e ADDRESS					
		SURIAL, CREMATION, SPECIFY) Burial		Sept. 20			emetery or cremativen Mem. Pa		Len Burni	esh A.A	. O.Ma	ingland

DHMH - 16 50M 4/82 (VRA 15, 4)

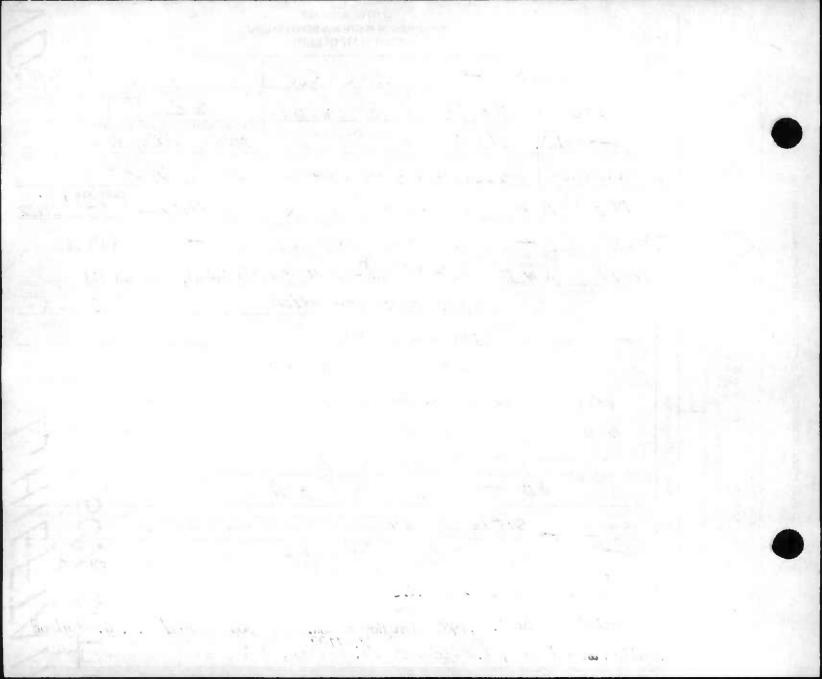
shauld be detoched far use as the burial-transit permit. Then please remave carban pape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal

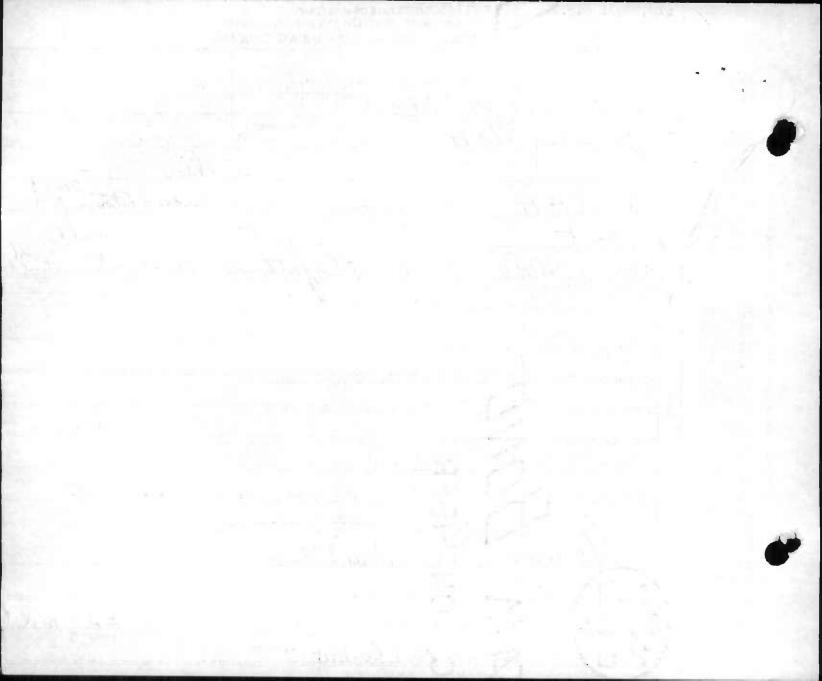
IMPORTANT: If them 21 is marked ar them 18 shows any

Mc ully Funeral Home, Mt. & Tickreck Rds. Pasadera, F. 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the

njury, ar other traumatic ev





DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	Ú	2	E	T
E OF DEATH MONTH	DAY	YEAR	2h HOU	R
EPTEMBER 25	, 19	84	345	PM
(IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
47 YRS.	MONTHS	DAYS	HOURS	MIN.

TRENE **TSAACS** 4. RACE 5. DATE OF BIRTH 3. SEX MONTH

7b. CITIZEN OF WHAT COUNTRY?

MARRIED | NEVER MARRIED |

DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH

ANNE ARUNDEL 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR

WIDOWED Y 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH GLEN BURNIE

(JYPE OF WORK FOR MOST OF WORKING LIEE)

MIDDLE

14 FATHER'S NAME MIDDLE

IMMEDIATE CAUSE

136 COUNTY

EIRST

15. MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

> Conditions, if ony, which gave rise to immediate couse (a), stating underlying

couse

USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION

FOR

- STATE

(TYPE OR PRINT)

130 STATE

CERTIFICATION

MEDICAL

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pua

medicol

the

ond Mentol Hygiene prior

ony Dec

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20

MPORTANT: IF should be detail with the State D

REGISTRAR 1. DECEASED NAME

20 DAT

6 AGE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART ITA

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
P 1. 7 Y 1			YES NO	YES	NO 🗌
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
21d INJURY OCCURRED WHILE OF NOTWHILE OF NOTWORK	21e. PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE

sow the deceased olive on obove, (I) (we) (did) (did not) view the body after death.

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR

23b. DATE

DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

STAFF

RETDER

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

STATE

226 SIGNATURE

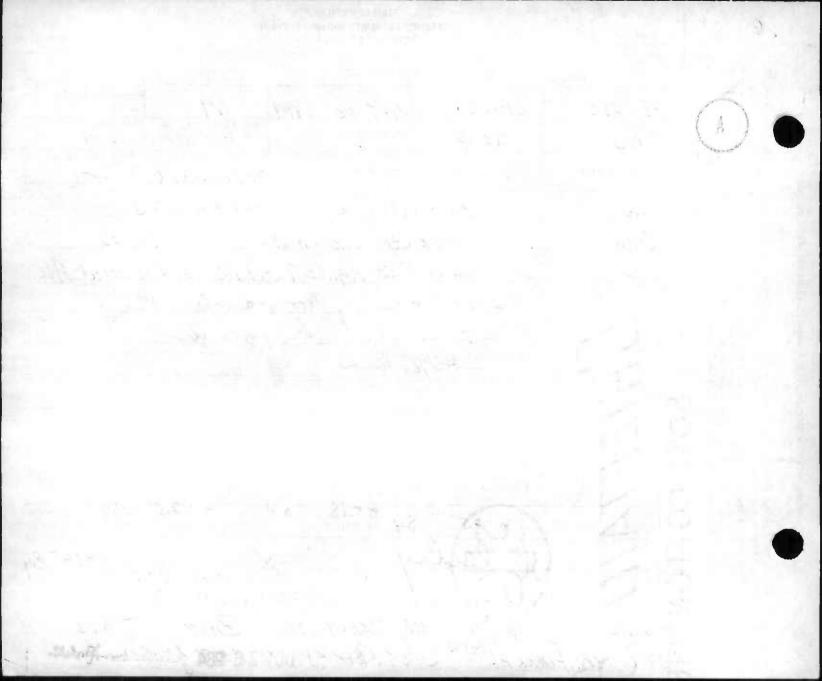
RAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

0

23a. BURIAL, CREMATION, REMOVAL



•	INILO	I DI MIS I	MIT	
DEPARTMENT	OF HEAL	LTH AND	MENTAL	HYGIENE
CEI	RTIFIC	ATE OF	DEATH	

1 -	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	3	0	E	DT
	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOU	JR
,	ELIZA	BETH BARBA	RA ITZOE		SEPTEMBE	R 4,	1984	720	PM
3. SE	(4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR		24 HRS
	FEMALE	WHITE	NON.	11°^1893*	90	YRS.	DATS	HOURS	print.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	DUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
2	MD.	U.S.A.	WIDOWI	_	ANNE AR	RUNDEL	COUN	ΓΥ	MD.
10 CI	GLEN BURNIE	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK)	WORKING LIFE		OF BUSINE	SS OR
	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN		ORTOWN	134 INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS / 805 ANDOV	ZIP CODE JER P	₹D. 2	1090	
14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE			AST	
-	GEORGE		MMES	BARBA	1111000000		MAR	Ŝ	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRES			2.	1234
	NO	218	-10-5884	ELEANORA S	LADEK-7820	OLD	HAR	FORD	RD.
	Canditians, if any, which	ly ane cause per line for I D BY: E CAUSE (a) DUE TO, OR AS A C	Ce	seventry ASHD:	fail	ec.	APPRO BETWEE	DXIMATE INTER N ONSET AND	DEATH
	gave rise to immediate cause (D), stating the underlying cause last	DUE TO, OR AS A C		NOT DELATED TO THE TENE					
Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBO	TING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OF COND	IIION GIVE	:N IN PART I	IId	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FIND YING CAUSE		TH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ALIA	NTH DAY YEAR	21c HOW INJURY OCCURR			-	-	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOW	IN	COUNTY	5	STATE
	22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	9-4.	19 E 7 . o	nd that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		and from th	that (I) (vie causes state E SIGNED	ated
	226. PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS 518	S CAMP MEA	DE RO	AD		
	SACIT FREN	M D		LINIHICU					
23a. E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY		UATE
L '	BURIAL	9/8/84	HOLY I	REDEEMER	'BÄLTI	MORE	. 50(4))	MD'	•

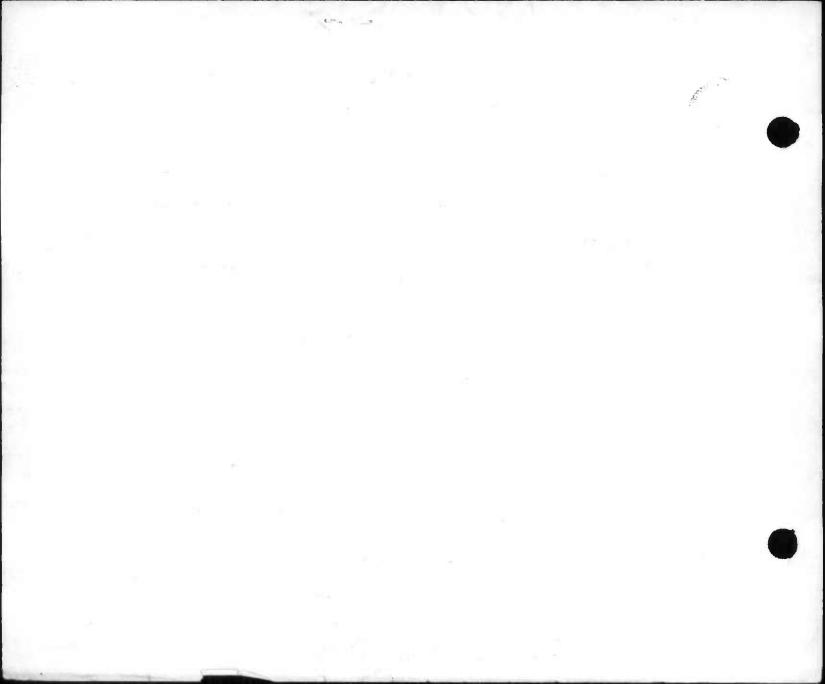
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the busidifferent permit. Then peaks remove corbosoppers. Pages, with the State Dept. of Health and Minital Hygiene point to having, cremation, or removal.

muny, or other troumotic event, th

(FORTANT, If Nem 21 is marked or Nem, 18 sho

DHMH - 16 50M 4/83 (VRA 15, 4)

9705 Belair Rd., Balto. Md. 21236 Ep 1 0 1984



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3

	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTA		ENE BEG, NO	6 6	2 3	Ü	7 4
1		CEASED NAME	FIRST		MIDDLE	i	AST			MONTH	DAY	YEAR	26. HOUR
1	TYPE	OR PRINT)	RANCE	S J	ORENE		TACKSON	- 1		9	22	84	9:50A M
1	3. SEX		TUNCL	4 RACE	OTELLE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER 24 HRS
1	F	emale		White		Mav	20. 1932 YEA	I.R	52	YRS	MONIHS!	DAYS	HOURS MIN.
	7a BI	RTHPLACE ISTATE OR	FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY O		Y OF DE	ATH	
5		ountry) lifornia	Enter	USA		WIDOWE	D NEVER MARRIEI		ANNE ARUNE	EL C	OUNT	Z	MD.
7		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTIO		12a USUAL OCCUPATION	ON	12b. 1		F BUSINESS OR
7	GL	EN BURNIE			ARUNDEL I		TAL		Clerk Type:			leri	ical
5	13a. S	AL RESIDENCE (IF NURS TATE 1d .	13b. COUN		13t. CITY OR TOW Odenton		134 INSIDE CITY LIM		13e.STREET ADDRESS / 499 Willia			a.2	1113
		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAM	MIDDLE MIDDLE			IAS1	ī
0	_	erdinand			Lutz		Fay				V	olke	er
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE				
		No			550-42-2	480	Patrick Ja	acks	son #	13e			
1		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one couse per	r line for (a), (b), on	id ici.1					88	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		TE CAUSE (0)	1 <ena< td=""><td>LY</td><td>AFLINE</td><td></td><td></td><td></td><td>-</td><td>DA</td><td>45</td></ena<>	LY	AFLINE				-	DA	45
		Conditions, if any gave rise to imic couse (a), stating underlying cause	mediate ng the	(b)	OR AS A CONSEOU	FNO	MA OF	Lu	ING WI	714	/	40,	V745
				(c)	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE	E TERMI	IN AL DISEASE OR CON) ITION G	IVEN IN P	ART I	23
	NO.	Me	TAS		S	T	30001	E I E IOVII	THE DISEASE ON CO.	2110110			
2	CERTIFICATION	190 DATE OF OPERA	TION	196. COND		OPERATIO	IN WAS PERFORMED		200 AUTOPSY?	IN CER	ES, WERE	FINDIN	OF DEATH?
	ERT	21a. ACCIDENT WAS UN	DERLYING [21b. TIME C		C 09 C	The state of the s	OCCURR	ED (ENTER NATURE OF INJUI			PART 2)	
1		OR CONTRIBUTING											
	MEDICAL	21d INJURY OCCUR		21e PLACE	.M. OF INJURY	19	21f LOCATION		- Д.			UNIY	STATE
	W	WHILE NOT WE	HHE D	(AT HOME ST	REET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TO	WN)F-0 [Y	STATE
		22a I certify that (I) sow the deceas	(this hospi	55015 MG	19_19_	58PT 84.0	nd that in (my) (cor) a	8 4 pinian d	ta <u>SEATE</u> death occurred on the do				that (I) <u>(we)</u> lost causes stated
		obove, (۱) (مسه) (ر 226. SIGNATURE	ala) (ala	view the body	differ death.	- 3	DEGREE				220	. DATE	SIGNED
		(IZ	91) Gre	M. I).	ATTEND PHYSIC	ING IAN	MEDICAL STAP			9/2	2/84
1		22d PHYSICIAN'S N	AME ITYPE	OR PRINT)	,		22e ADDRESS		,			211	08
4		DAVID ROS	SE, M.	D.			653 OLD MI	ILL	RD., MILLER	RSVII	LE,	MARY	LAND
		BURIAL, CREMATION,	REMOVAL	236. DATE	23 c.	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		COUNT		STATE
	Cr	'emation		9-25-8	34 W	estvi	ew Mem. Pk		Baltimore)	COUNT		yland
	24 FL	UNERAL DIRECTOR			ADDRESS		2	So. BALE	REC'D. BY REGISTRAR	251 REGI	STRARSE	IGNAT	installs
			loatu	Ann	anolia	Montel	- 20 4	OL	TO TE DOG	18			

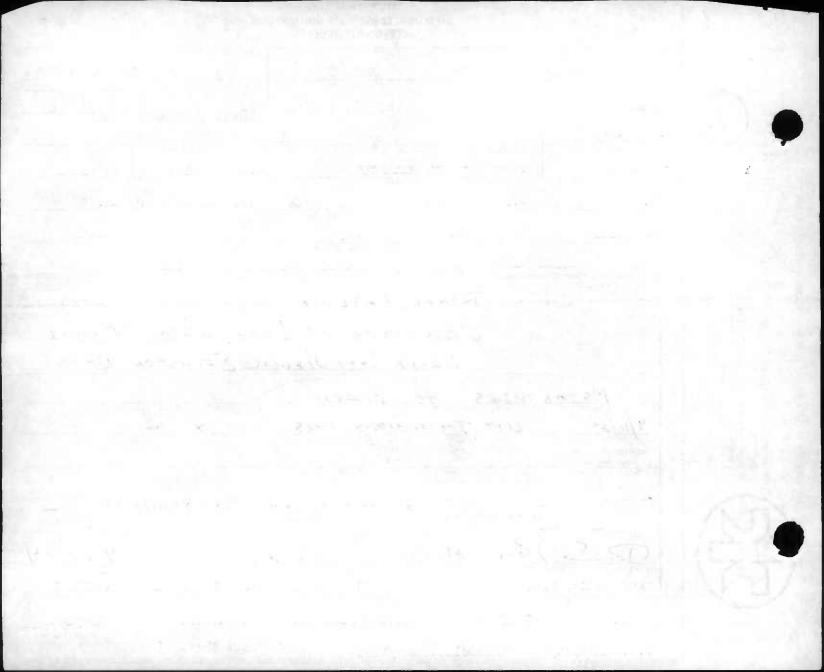
DHMH - 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

T.A. Hardesty (VRA 15, 4)

Annapolis, Maryland

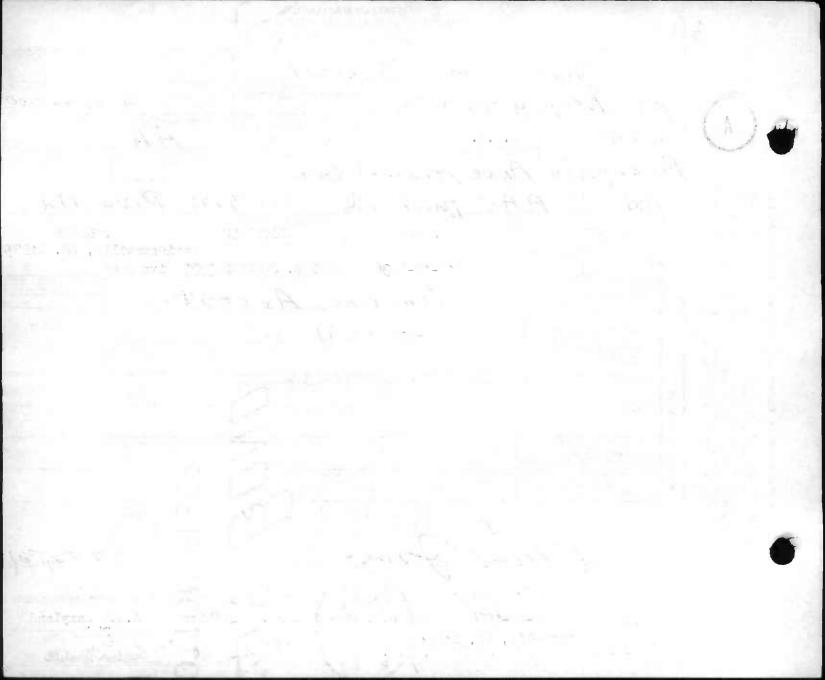


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DHMH - 17 (VR A15 ME (5)) 20M 4/82

HLES. DURS REET,

3	1-	FOR STATE REGISTRAR	MEDICA	TMENT OF HEAL	F MARYLAND TH AND MENTAL H CERTIFICATE O		3 3 y	j
		CEASED NAME FIRST	3. DATE OF BIRTH	JO 16. AGE (IN YEARS) IF	hwsop			AR 26 HOUR M EAR 2d HOUR
	1	N NACY (STATE OR	MONTH DAY YEAR 4 25 0	A LAST BIRTHDAY) MI	ONTHS DAYS HOURS	PRONOUNCED DEAD BALTIMORE CITY	9 21 198	1800
35	FQ	MARYLAND	U.S.A.	WID	RRIED NEVER MARRIE OWED DIVORCE	ED O	7A.	MD.
3	H	NNAPOLIS	11. NAME OF HOSPITAL, NO. (15 OT INSUCH FACILITY, GN	Frundel	Gen	12a USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b KIND OI OR INDI	
6	130. S	ma.		NCE BEFORE ADMISSION) ITY ORTGWN AV ICS 2 NVI	13d. INSIDE CITY LIMITS? YES NO	35 37	RIVA 1	24.
20	14. F#	THER'S NAME FIRST GEORGE	WIDDLE	JÖHNSON	15. MOTHER'S MAIDE	ABETH MIDDLE	JOHNS	ON
1		WAS DECEASED EVER IN U.S. ARM	VAR OR DATES)	OCIAL SECURITY NO.	MARY E. JC		sonville, Mo va Road	1. 21035
	7	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT (ONOILIONS C	BY: E CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	ONSEQUENCE OF	AC AV	rest	APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
4	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION	N WAS PERFORMED?		20 AUTO	
7	CAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	HOW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM		
27 107	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU STREET, FACTORY, FARA		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO TOWN TOWN TO THE TOWN TO TH		22e. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME William (TYPE OR PRINT)	al causes P Accide	Suicide	TITLE (SPECIFY) Deputy	Inquiry Undetermined manner MEDICAL EXAMINER MEDICAL CAL. Davids	ond in my opinion DATE SIGNED CONVILLE MI. 210	Sejī Seļ 135
à	(5		9-26-1984	ADAMS U.M.	CHURCH CEME.			yľahd
())		UNERAL DIRECTOR Annap WILLIAM REESE &		401 RY, P.A.	SEF	2 8 1984 25 REC'D. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE	600.

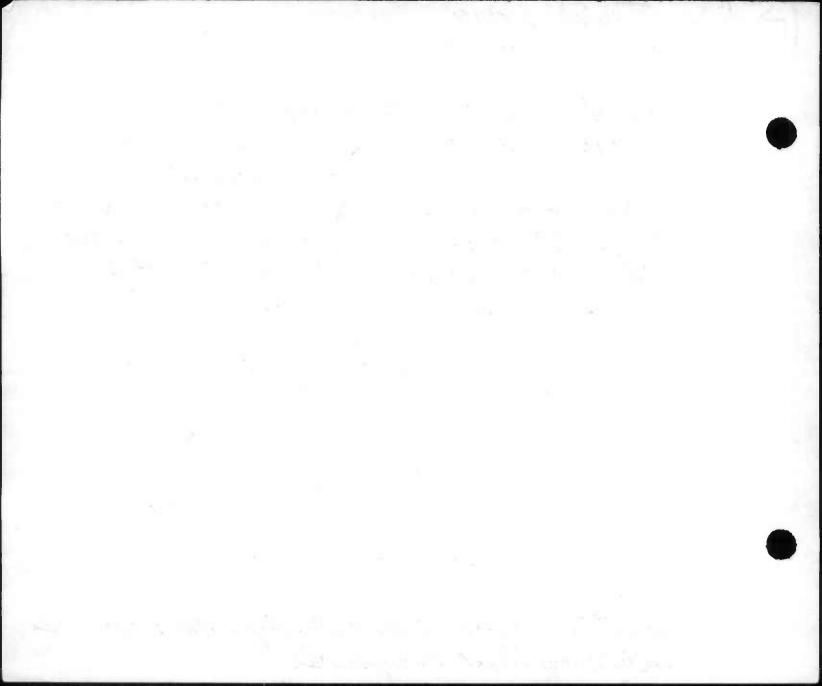


BP_ **DHMH** - 17 (VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EVAMINEDIC CERTIFICATE OF STATU

	1-:	FOR STATE REGISTRAR					AND MENTAL H	EVENTU &	3 S	10	
-		CEASED NAMI	FIRST Vicki		MIDDLE L.		IAST	20 DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 0 1984	25 HOUR
	3. SEX	nale	4 RACE White	5. DATE OF BIRTH		YEARS IF UI	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	монтн 9-31	DAY YEAR	2d HOUR 8:00 p. M
5	7a BII FOI Ma	RTHPLACE (5) REIGN COUNTRY) LTY Land	TATE OR	76 CITIZEN OF WHA		8. MARR WIDOV	IED NEVER MARRI	ED 🗆 Anne Ar	undel Co	ounty,	MD.
0	P	ry or town Pasaden	a	(IF NOT IN SUCH FACE	ITAL, NURSING HOA LITY, GIVE STREET ADDRESS Ort Smallv	vood F		for MOST OF WORKING LIFE) Gen. Operato	or	Electri	RY
35	13a. S1		_ 13b. COUNT	e Arundel	Pasadena Pasadena		13d. INSIDE CITY LIMITS? YES NO TO	8806 Fort S	2 Smallwoo	d Road	
20		John		Thomas	Joy		15. MOTHER'S MAIDE	MIDDLE		rone	
1	16a. W	VAS DECEASEI 5, NO, OR UNKNO NO	D EVER IN U.S. ARM	VAR OR DATES	219-54-4		Beverly P		Má, Md Pleasant		
	NO	gave ris cause (a) lying cau	ns, if any, which se to immediate stating the <u>under</u> se last.	(b) DUE TO, OR A	FATTY LIX AS A CONSEQUENCE AS A CONSEQUENCE JT NOT RELATED TO THE TE	E OF	SE OR CONDITION GIVEN IN PA	RT 1 a			
2	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?	NO [X]
3	MEDICAL CER	UNDERLYING CONTRIBUTII 21d INJURY C	NG CAUSE OF D	P.M. 21e PLACE O	MJURY MONTH DAY YE. 19 FINJURY (ATHOME, DRY, FARM, ETC.)	AR 21f LC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	m 18 PART I OR PART		STATE
2			ty than taak charge	e of the remains described causes the courses the courses the course of	yth, M.D.	Suicide L	Homicide TITLE (SPECIFY) A.D. ASSISTAN ADDRESS 111 P	Undetermined manner [t_medical examiner enn St., Balt	DATE SIGNED	10-1-8	
	(5	Bur		10/4/84	Fairmou	emetery c	metery	23d. LOCATION Libertytown		rick	ATE Md
	G e	OTE C	J. Gonce	4001 Rate	chie Hgwy	Balto	Md OC	T 3 1984	hia Davids	m-Randa	2

	-W		FOR Approve	1. AACO		E OF MARYLAND LEALTH AND MENTAL HYG	SIENE C: 2	4 4 7
	1.	1-	STATE REGISTRAN CULPY	3 MO ME		ICATE OF DEATH	REG. NO	EDT
. 7	e n		EASED NAME OR PRINT)	MIDDLE		AST	SEPTEMBER 5.	A
10	18)	3. SEX	HĒLEN	L RACE	S. DATE O	'FMAN DE BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
5			Female	White	JAN	16, 1897	87 YRS.	NIHS DAYS HOURS MIN.
4 P	77		THPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
ded	in the second	10. CI	Y OR TOWN OF DEATH			DIVORCED DIVORCED	ANNE ARUNDEL CO	126 KIND OF BUSINESS OR
rs offe	Hilled The		EN BURNIE	0.0000000	RUNDEL HO	SPITAL	HOMEMAKER HOMEMAKER	Home
n 24 hou	should be	13a. S	MD. A.	OTHER INSTITUTION, GIVE RESIDENCE TY 13 SITY O		13d. INSIDE CITY LIMITS? YES IN NO	39 MEPherson	v Rd, 21401
ted with	and 2 s	G	THER'S NAME FIRST COPGE 7	Robin Robin	SON	15 MOTHER'S MAIDEN NA	ME MIDDLE	rite/
be execu	s. Pages	16a V	AS DECLASED EVER IN U.S. ARM ES HOOMUNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIÁ WAR OR DATES) 212-0	13-1510	George F	Laftus #	13
entificate	g physicio anpapers: emoval.		18 CAUSE OF DEATH (Enter only PART I. DE ATH WAS CAUSED IMMEDIATE	BY: AM	Calli	al cufa	ecl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ooth ce	e carb an, or r		Conditions, if ony, which	DUE TO, OR AS A CON	ISEQUENCE OF	F. HEART	FAILURE	
of the de	oy me ar ise remov crematic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF	leratiz ca	relivasuelas de	
advires #	Then pled to burial injury, or	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1/o
he low r	t permit.	CERTIFICATION	190 DATE OF OPERATION 9/3/84	Lachu	NHICH OPERATION	WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
P physic	indistrans antal Hyg tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b! TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	HOW MUJURY OCCUR	RED (ENTERNATURE OF INJURY IN ITEM IS PAR L MUVSING	KULLY &
offendin	as the bu h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (A) HOME. STREET EACTORY.	Honic	211 LOCATION STREET NORTH	ARUNDEL, CE	COUNTY STATE
ATTENDIF	for use of Healt		22a certify that (1) (this hospite sow the deceased alive on_ above, (1) (we) (did) (did not	9/4	21/	nd that in (my) (aur) opinion	death accurred on the date and hour	that (I) (we) lost and from the couses stated
AL OR A			22b. SIGNATURE	elmil	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
ned by t	should be de with the State		22d. PHYSICIAN'S NAME (TYPE OR				HAMMONDS LANE	225
	MAPOR THE PROPERTY OF THE PROP	23a A	MTLOS B.R. R	ADWICK, M.D.	THE NAME OF C	BALT:	IMORE, MARYLAND 2]	.225
BP_		C	remalion	9/6/84	Cedar	HillCemele	my Suitland +	G, MA
	5 50M 4/83 15, 4)	Z	AVIOR TUNERAL	Chapel 7	ANNAD	elic MD SE	P 7 1984	Widow yandall



T	ATE	OF	MARYLAND
,	MIL	A1	MARIENIAN

- 1				STATE	OF MARYLAND		
	1.	FOR STATE	DE		EALTH AND MENTAL HYG	IENE	3 3 9 0
	' '	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIODLE	, 1	AST	20 DATE OF DEATH MONTH	
1	TYPE	JOSEPH	A	KE	NNEDY	9	16 84 5 m
1	3. SE	X	4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN.
^ /		MALE	WHME	8	3 19	65,	RS
10		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIEL	NEVER MARRIED	9 BALTIMORE CITY OR COL	
101		lew York	USA	WIDOWE	DÎ DIVORCED	Anne Arun	· · · · · · · · · · · · · · · · · · ·
1963		ity or town of death nnapolis	(IF NOT IN SUCH FACILITY, GIV Anne Arun	/E STREET ACORESS)	eral Hosp.	APOMATOR TOTAL	126. KIND OF BUSINESS OR WESTER &SCOTT
200	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)		L. OTDET LODDES LODGE	21012
100		100 200.	NTY 136. CITY O		13d Inside City Limits? YES NO 📆	13e STREET ADDRESS / ZIP C	l RIDGE Lane
ner	14 FATHER'S NAME			Inord	15. MOTHER'S MAIDEN NAM	ME	I KIDGO Bano
(a)	J	oseph	A. Kenn	edy Sr.	Mary	WIDDLE	Ward
icol	lóa V	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	A298397	Bluecastle Ct.
med		es WW]	II 103-	05-2198	Joseph H.	Kennedy III	, Va. Beach, Va.
t, th		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a),	(b) onder	10000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even	PART I. DEATH WAS CAUSED BY: CARDI AC ARREST						
r, or other trauma		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COM b)	NSEQUENCE OF		TERY DIST	
haws ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
lem 18		210. ACCIDENT WAS UNDERLYING CAUSE OF DE.	ATH HOUR A.M. MONT	TH DAY YEAR	TICHOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART + ORPART ?)
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma		22a.1 certify that (1) (this hasp sow the deceased affire an	ot) view the body after death	CX-1	id that if (my) lour) opinion o	death accurred on the date and	hour and from the causes stated
I. If hem		226. SIGNATORE	Cole III		ATTENDING PHYSICIAN D	MEDICAL STAFF	22c DATE AIGNED 84
AA		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS		
MPORTANT		EWC	OLE 44		51 FRANK	LIN ANN.	AP. Md
<	23o E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COLINTY STATE
		urial	09-20-84		y Cemetery	Woodside,	Queens, N.Y.
4/83	24 FI	UNERAL DIRECTOR	nel	1212 W	est St.SFD"	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Beall-Evans Funeral Home. Annapoils, Md.

editoria l'arti

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director. should be detached for use as the build tental tental. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours often with the State Dept of Health and the mail Higgene prior to burial, cremation, or removal.

STATE OF MARYLAND

	STATE REGISTRAR	out All	CERTIFICATE OF DEATH	0 4	3 3 7 7
	CEASED NAME FIRST OR PRINT) ROSC	MIDDLE	t/kin	REG. NO.	4 YEAR 26 HOL
3. SEX		4 RACE	S DATE OF BIRTH MONTH 3-14-96	6 AGE (IN YEARS LAST BIRTHDAY) SS YRS	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
CC	RTHPLACE (STATE OR FOREIGN	IS CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	
SE	VERNA PARK	(IF NOT IN SUCH FACILITY GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) CASTLE AUE	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING INT. DECORI	
13a. S1	ND A.	OTHER INSTITUTION GIVE RESIDENCE BEFORM 134. CITY OR TO SEVERN	PR 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	// //
14. FA1	SAMUEL	ROFFIS	REBECC	A	HORN
	VAS DECEASED EVER IN U.S. AR VES NO OTUBNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES) 16b. SOCIAL SEC. 13/16	29005 BETTYL.	SIEGEL -	ABOUE
	IMMEDIA	TE CHOOL IO	uerespine tory	Arrest	,
j	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		onic Congesti		
TION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (SEVC. W.	DUE TO, OR AS CONSEQ (c) Prev CONDITIONS CONTRIBUTING TO OSTERONHY	UENCE OF Krutic Carda D DEATH BUT NOT RELATED TO THE TERM THE Chronic	MINAL DISEASE OR CONDITION OF	EIVEN IN PART 1:0
FICAT	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (Control of the cause) 19a. DATE OF OPERATION	DUE TO, OR AS CONSEQ (c) Prev CONDITIONS CONTRIBUTING TO OSTERONHY	UENCE OF LEVEL IC COVERED TO THE TERM	MINAL DISEASE OR CONDITION OF THE PROPERTY TO	EIVEN IN PART 1(p
CERTIFICAT	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (SEVC. W.	DUE TO, OR AS A CONSEQ (c) There CONDITIONS CONTRIBUTING TO STEERLY TO BE 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH ATH HOUR A.M. MONTH	UENCE OF KOUT IC CANDE	MINAL DISEASE OR CONDITION OF THE PROPERTY TO	ES, WERE FINDINGS USES TIFYING CAUSES OF DEA' YES NO [
MEDICAL CERTIFICAT	gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE 11d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	DUE TO, OR AS A CONSEQ (c) There CONDITIONS CONTRIBUTING TO STEER AND THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	DEATH BUT NOT RELATED TO THE TERM THO PERATION WAS PERFORMED 216. HOW INJURY OCCUR 19 211 LOCATION STREET	MINAL DISEASE OR CONDITION OF THE PROPERTY OF TOWN	EIVEN IN PART 110 ES, WERE FINDINGS USE TIFYING CAUSES OF DEA' YES NO [B PART 1 OR PART 2) COUNTY
MEDICAL CERTIFICAT	gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE 11d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	DUE TO, OR AS A CONSEQ (c)	DEATH BUT NOT RELATED TO THE TERM CHOPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR STREET 19 211. LOCATION STREET	MINAL DISEASE OR CONDITION OF THE PROPERTY OF TOWN	ES, WERE FINDINGS USE TIFYING CAUSES OF DEA' YES NO () B PART I OR PART 2)

DHMH - 16 50M 4/83 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAN 250, REGISTRANS SIGNATURE

1 3 June Davidson-Hongarie

to be seen of the 5 E Applied to the state of the sta STANDARD STANDARD WITH THE WAY TO SEE THE STANDARD STANDA Commission of the contract of The same of the sa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIFI	CATE OF	DEATH	Q) "I	EG. NO.	, ,	EDT
1 DECEASED NAME (TYPE OR PRINT)	EDWARD	A.	KOHL	HOFF	Sa	20. DATE OF DEA	MBER 14	, 1984	8:15 A
3 SEX Male		rite	5. DATE OF	DAY	1898	6 AGE INVEARS L	YRS		HOURS MIN.
70 BIRTHPLACE (STATEOR COUNTRY) Anyland In CITY OR TOWN OF DE.	U.	S. A. OF HOSPITAL, NURSIN	MARRIED WIDOWED		MARRIED	9 BALTIMORE C	RUNDEL (COUNTY	MD OF BUSINESS OR
GLEN BURNIE	(IF NOT	IN SUCH FACILITY, GIVE STREET ORTH ARUNDE	ADDRESS)		SITIOTION	HYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTRY	loyed
0	13). COUNTY	13 PCITY OR TOW 2 Pasaden	a	YES 🗌	NO 🔼	13 STREET ADDI	RESS, ZIR CO	id .	21122
14. FATHER'S NAME Richard	MIDDLE	Kohlhoff			S MAIDEN NAM Perst Carriett	ta	DDLE	Loud	enslagen
160 WAS DECEASED EVER	IN U.S. ARMED FORCE			Mrs.		t Kohlhof	ef 849 W	loods Rd	dena Nd
Conditions, if any	VAS CAÚSEÓ BY: IMMEDIATE CAUSE (DUE T , which mediate	O, OR AS A CONSEQUE	ENCE OF	nt	rtic CV	anex	risn	APPRO) BETWEEN	(MATE INTERVAL ONSET AND DEATH
	e lost	O, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	Ch	NOT RELATE	SIELL D TO THE TERM	STALL DISEASE OR		- A U -	a
196 DATE OF OPERA	TION 19b C	ondition for which	H OPERATION	WAS PERF	ORMED	200 AUTOPSY	IN CER	YES, WERE FIND TIFYING CAUSE YES [
210. ACCIDENT WAS UN		ME OF INJURY R. A.M. MONTH D	AY YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	

21f LOCATION

CITY OR TOWN

COUNTY

STATE

NOT WHILE 220. I certify that (1) (this hospital) attended the deceased from saw the deceased olive on saw the deceased olive on above, (I) (we) (did) (did not) yiew

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN and from the causes stated 22E DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

RECEP EROL, M.D.

325 HOSPITAL DRIVE, #104

GLEN BURNIE, MARYLAND 21061

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.

COUNTY

DHMH - 16 50M 4/B3 (VRA 15, 4)

os the buriof-tronsit permit.

should be detached for use as with the State Dept. of Health

TO FUNERAL DIRECTOR

MPORTANT: If them 21 is morked or them 18 shows ony

Cully Funeral Home of Pasadena Tick Neck Rds. Pasadena, Md. 2

P.M.

21e. PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM, ETC.)

de la training at la contraction and the contr January Sel-minus Pro 99 will to with the control of the c Property of the State of the St therefore our out The harde meadings

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

BP

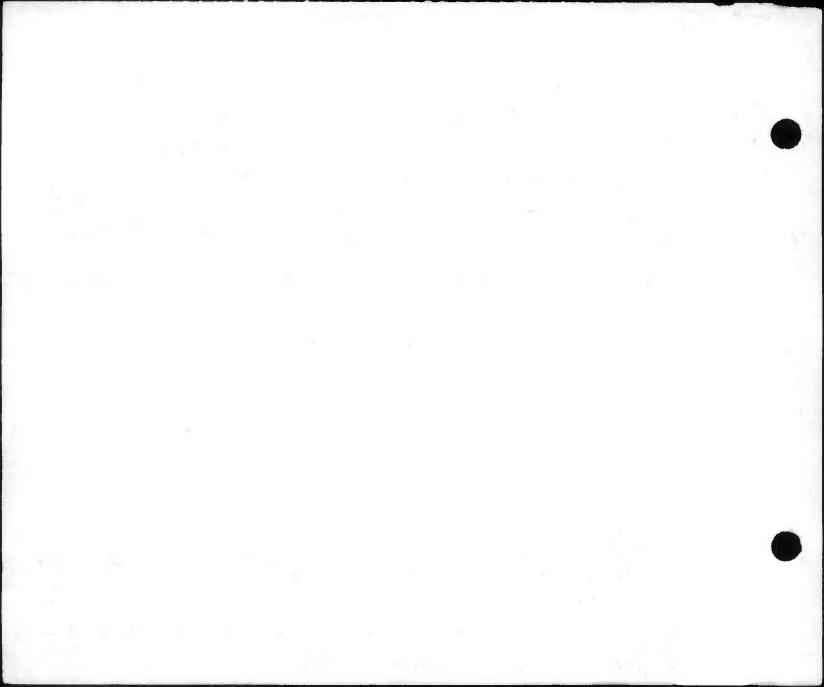
DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical exa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

0	1 -	FOR STATE REGISTRAR			ALTH AND MENTAL HYGIE CATE OF DEATH	NE REG. NO	2 3	-, J	A THE
	1. DEC	HAILLY DOSKE	TOUR NEAW RACE	S DATE OF			9-13	3 - 84	8 40 A M
21	7a. BII	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	A U.G.	Never married	BALTIMORE CITY O	YRS		HOURS MIN.
30	10 CI	TY OR TOWNOF DEATH	NAME OF HOSPITAL, NURSING	WIDOWED HOME OR	DIVORCED 1	20. USUAL OCCUPATION	WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
36	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OT). TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE AD LETTER OF TOWN	11	3d. INSIDE CITY LIMITS?	30.STREET ADDRESS	ZIP CODE	Grov	e Ave.
21	H	larry Franci	S ETOURNEO	u	5 MOTHER'S MAIDEN HAME	ADDRE ADDRE	gust	a life	PKins
/	100	(IF YES, GIVE W	214-05-05	8121	Alipia Q.L	7	eau-	HI APPROXIM	3
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED ENTER OF THE PART I. DEATH WAS CAUSED ENTER OF THE PART	1 4-01 4:17 1	AC	ARREST			SETWEEN ON	NSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) nemmar Due to, or as a consequent	RRA	cic panun	atifis			
	NOI	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to de</u> .	<u>ATH</u> BUT N	OT RELATED TO THE TERMIN				
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O			YES NO	IN CERTIFYI YES		
9	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YE AR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)	
	WED	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
		22a certify that (I) (this haspital) attended the deceosed from		that in (my) (our) opinion de	ath occurred on the do	ite and hour o		-
_		GREY E	Leburdt		ATTENDING	MEDICAL STAR	F IAN 🗌	9/14	1/84
_	22- 0	George E.L	INHARDT	ME OF CE	801 Melv	123d LOCATION	long	polis,	WD_
	13	urial 1	Dept. 16,1984 C	eda	METERY OR CREMATORY N Bluff	Annapol	15	A.A	M D
3	10	ineral director	al Chapel-Ar	map	olis MD SEF	1 7 1984	in KEGISTRA	AR'S SIGNATU	indall



	1	
	1)	
	111	
-		

death. Page 4 may be

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the build-industriant. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

with the State Uept. or regun one are more as a shows ony injury, or other troumatic event, the medical examiner IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner

. page 3 ter death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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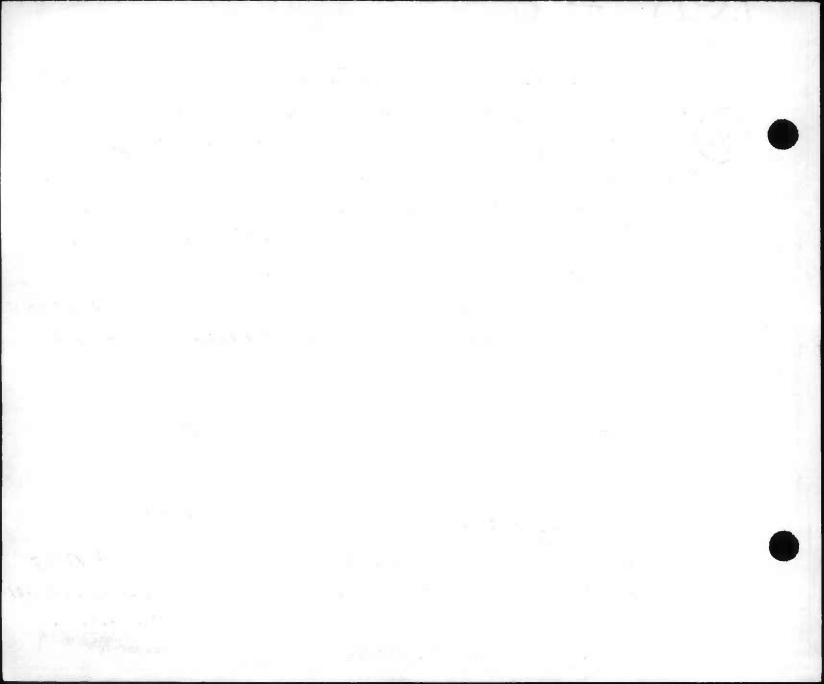
ı	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
		EASED NAME FIRST Jac	L.	MIDDLE	L	ittle	20 DATE OF DEATH	9 9	VEAR 84	10 P	M
	3. SE X	M ALE CAUCAS			S DATE OF BIRTH MONTH DAY SEAR 1 AN 8 24 19		6 AGE (IN YEARS LAST BIR	DAYS DAYS			
	C	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTY) MISSISSIPPI USA			MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL CO				_
	10. CIT	YOR TOWN OF DEATH NAPOLIS	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOME OF HOSPITAL, NURSING HOME OF HO			OR OTHER INSTITUTION					
2	130 S			GIVE RESIDENCE BEFORE 134. CITY OR TOW ANNAPOL	N	13d. INSIDE CITY LIMITS? YES (NO	13e STREET ADDRESS 2007 BAY	ZIP CODE RIDGE	E AVE.	21403	_
	14. FA	THER'S NAME WILLIAM WALL	ACE LI	TTLE		15. MOTHER'S MAIDEN NA/ OMAR ROE	OBERTA ÄNDERSON				
	16a W	AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GO WW	MED FORCES? (E-WAR OR DATES)	425-22		MILDRED L.	ADDR		AS 13€		
2		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	CAROID	RES TATI	PMGTORY CHAN	ARREST		15-	MATE INTERVAL PASET AND DEATH - 3 0 M/A	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>C</u>			NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES,	WERE FINDIN	GS USED	_
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED	HOUR A. R) P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INTU		(OUNTY	STATE	_
		WHITE ATWORK NOT WHITE ATWORK PARTY OF THE ATWORK OF THE ATTENDING OF THE ATTENDIN								- - -	
		DOYPEDS		WANE CA	N	16 MYMA	/	5,90	MAPI	LS 2/4	10.
		urial, cremation, removal URIAL	236. DATE 9 – 13	-84 MAR	Y LANI	EMETERY OR CREMATORY VETERANS (234 LOCATION CEM CROWN:	SVILLE	E'OU'A' A.	CO.STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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24. FUNERAL DIRECTOR ROBERT Ε. EVANS ANNAPOLITS, MARYLAND

OUTAY . A . CO .STATE CBM BY REGISTRAR 256 REGISTRAR 545 THAT



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A Page 4 may be	al director, oge 3
n 24 haurs ofter dear	filled in by the functionalist be filled withing
ate be executed with	sicion and completely pert. Pages 1 and 2 y al.
at the death certific	by the attending uhres remove carbonida cremotion, or remove
The law requires th	ste has been signed I nist permit. Then plea ygiene prior ta burial.
NDING PHYSICIAN	OR: After this certifications as the burial-tra
TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal principal should be detached for use as the burial-transit permit. They please remove carbon appears. Find a should be find within 77 they paths death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF

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HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 🚕	REG. NO.	Ů -	.)	J	
LAST	2a DATE OF	DEATH MO	NIH DAY	YEAR 84	26 HOUR	_

	FOR STATE REGISTRA	R		DEPAI		EALTH AND MENTAL	HYG <mark>IE</mark> NE	REG. NO	· · ·	. 13	J	
1	1. DECEASED NA			MIDDI E	LA	AST	2a DA		AONTH DAY	YEAR	2b HOUR	_
	(TYPE OR PRINT)	ALICE		G.	т.ттч	RELL			9 12	84	7:30	A
1	3 SEX	1111011	4 RACE	U.	5 DATE O	F BIRTH	6 AGE	(IN YEARS LAST BIRTI		INDER I YEAR	IF UNDER 24 H	111
	FEMAL	Ε	WHIT	E	монтн 09	28 16		67	YRS	THS DAYS	HOURS M	IN.
1	7a BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	K NEVER MARRIED	9 BAL	TIMORE CITY OF	COUNTY OF	DEATH		
7	MARY L	AND	U.S.	Α.	WIDOWE			NNE ARUN	DEL			MD.
_	10 CITY OR TOW	N OF DEATH		HOSPITAL, NUR		R OTHER INSTITUTION	12a US	UAL OCCUPATION WORK FOR MOST OF	N	126 KIND O	F BUSINESS	OR
1	PASAD		81	O HILLI	OP ROAL)	_	INE WORK			CREAM (CO.
	USUAL RESIDENT	E (IF NURSING HOME C		13c CITY OR TO		13d, INSIDE CITY LIMITS	S2 113e STR	REET ADDRESS /	ZIP CODE			
2	MARYLAN		.A.	PASAD		YES NO R		10 HILLT		D 21	122	
2	14 FATHER'S NA/	ΛE	WIDDIE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS		
4	HEN	RY	MIDDLE	KIEM	1	ALICE		MIDDLE	1	UNKNOV		
		SED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMANT		ADDRES	SS			
1	NO OR UNK	NOWN) (IF TES, G	IVE WAR OR DATES)	220-05	-4752	ROLAND F.	LITTR	ELL 810	HILLT	OP ROA	AD 211	22
1	18 CAUSE	OF DEATH (Enter o	nly ane cause per	line far (a), (b),	and (c+)		7		_	APPROXI BETWEEN	MATÉ INTERVAL ONSET AND DE A	TH
	PARII.	DEATH WAS CAUS	TE CAUSE (a)	ACUT	F	EART	+ A	HUR	Œ	Fer	w Hou	115
				R AS A CONSEC		- 1	1 ·			-		
1		i, if any, which	(b)	severe	. Chro	nic Obs	Truct	ive Lur	g alsens	e De	veral	year.
	cause (a	stating the	DUE TO, O	R AS A CONSEC	QUENCE OF						'	
			(c)									
		HER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	IERMINAL DI	SEASE OR COND	ITION GIVEN	IN PART H	3	
)	SIO VCCIDE	F OPERATION	196 COND	ITION FOR WHI	ICH OPERATION	N WAS PERFORMED	20a	AUTOPSY?	20b IF YES, W			
	E	-			_		YES	NON I	IN CERTIFY IN	G CAUSES	OF DEATH?	
y	21a ACCIDE	NT WAS UNDERLYING	21b TIME C	OF INJURY M. MONTH	DAY VEAR	21c. HOW INJURY OC	CURRED (EN	ITER NATURE OF INJUR	IN ITEM 18 PART	OR PART 2)		
	OR CONTRIB	JTING CAUSE OF D	ALIN	M. MONTH	DAT TEAK							
	0	OCCURRED	21e PLACE	OF INJURY		211 LOCATION		LITA OR LOW	(N	COUNTY	STATE	
	X WHIE L	NO WHILE AT WORK	(A) HOME SI	REET FACTORY OFFI	CE, FARM ETC.	31866		,				
	22a certif	y that (1) (this has	oital) attended th	e deceased fro	m 2/4	19.8	4 ta.	2/19	19.	84	that (I) (we)	last
	saw tl	e deceased alive o	n 9 / S	after death	84 an	d that in (my) (our) api	man death a	ccurred an the da	te and have ar	id Iram the	causes stated	
	22b SIGNA		0	11	[DEGREE	/			224 DATE	SIGNED	
	m	Jahma	d a	Was,	M.P	ATTENDIN PHYSICIA	MED IN DIREC	ICAL STAF	AN [19/1:	2/84	1
	22d PHYSIC	IAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		ELLICOTT	CITY,	MARY	LAND	
	MAHM	OUD ABBAS	M.D.			9380 BALT	IMORE	NATIONAI	-		21043	
	23a. BURIAL, CRE	MATION, REMOVA				EMETERY OR CREMATO		LOCATION	c	OUNTY	STATE	
	ENTOMBM		09-14	+-84	***	ON PARK MAU		ALT IMORE	CITY		MARYL	AND
	24 FUNERAL DIR			ADDRES	55		DATE REC'D	BY REGISTRAR	Sb REGISTRAL	SSIGNA!	Hall	
	HIIBBARD	FUNERAL.	HOME. IN		WILKEN	IS AVE. 3	EP 1 4	± 1904				

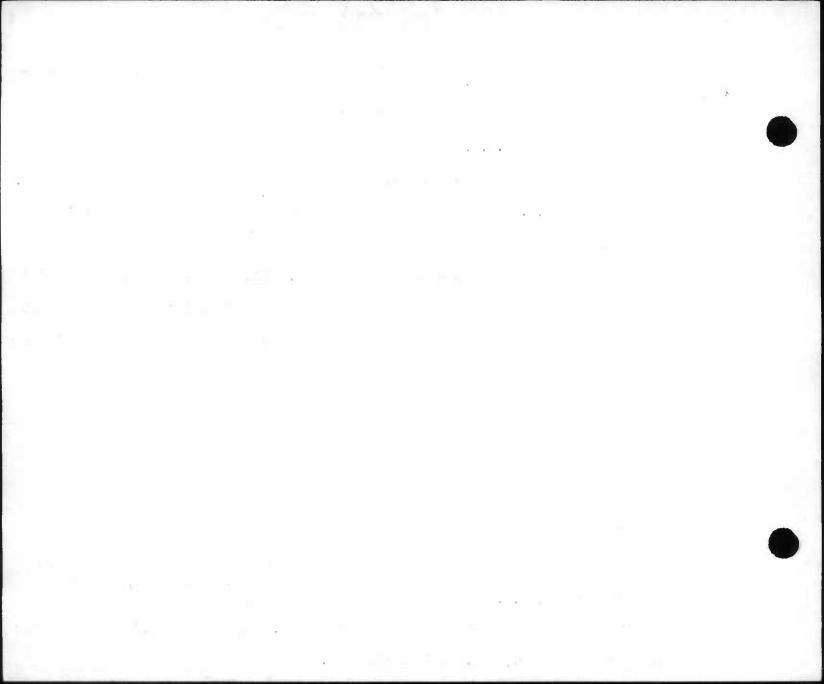
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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IMPORTANT: If hem 21 is



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shi with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

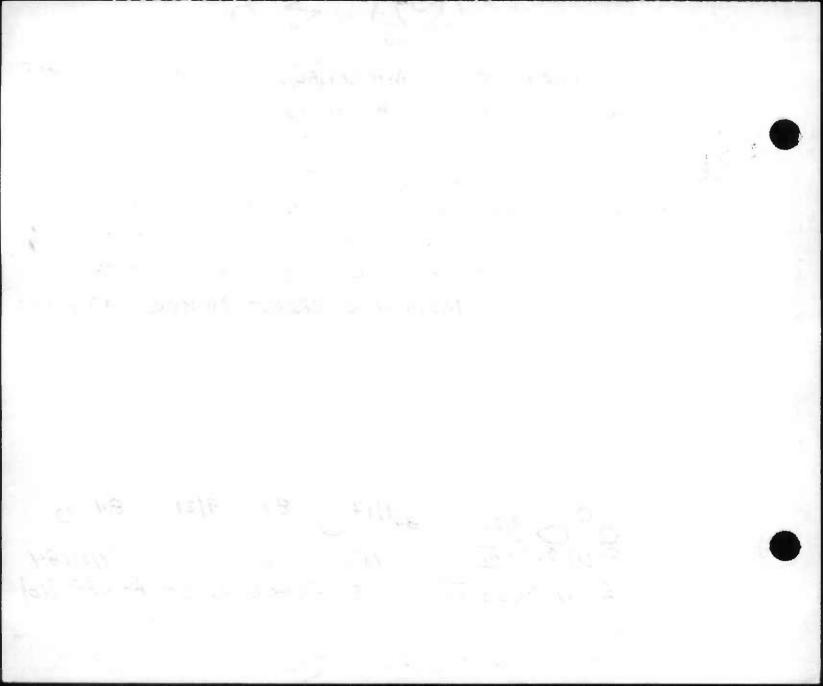
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR STATE REGISTRAR		LTH AND MENTAL HYGIENE ATE OF DEATH	REG. NO.	0 4
		DECEASED NAME FIRST YPE OR PRINT) MAR	Y Traylor MAC	DONALD 20 DA	TE OF DEATH MONTH DAY	84 2b. HOUR 15
\	3. S	SEX FEMALE	RACE S. DATE OF B	DAY YEAR	(IN YEARS LAST BIRTHDAY) (IN YEARS LAST BIRTHDAY) MONTHS YRS	FR) YEAR OF UNDER 24 HRS DAYS HOURS MIN.
149		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 WARRIED WIDOWED [NEVER MARRIED	TIMORE CITY OR COUNTY OF D	EATH MD.
9	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR CO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General Ho	OTHER INSTITUTION 120. US	SUAL OCCUPATION 126	KIND OF BUSINESS OR DUSTRY
and the Action	US 130	DUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN 13t.	INSIDE CITY LIMITS? 13. STE	REET ADDRESS / ZIP CODE Evergreen Trail	21146
exomine	G	Grady	Traylor	MOTHER'S MAIDEN NAME	MIDDIE Smith	vicks
medical		I. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	S WAR OR DATES	informant ir. James M. Mac		
or other traumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF (c) (c)	IC BREAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19 MONTHS
ony injury.	CERTIFICATION		ONDITIONS CONTRIBUTING TO DEATH BUT NO	NAS PERFORMED 20a	AUTOPSY? 20b. IF YES, WER	PART Ital
or Item 18 sh	MEDICAL CER	OR COLUMN THE CALLER OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	If LOCATION	NTER NATURE OF INJURY IN ITEM 18 PART I O	
21 is marked or Item 18 shows	WE	220.1 certify that 1) this haspi	tal) attended the deceased from	7 94, to	CITY OR TOWN CITY OR TOWN Coursed on the date and hour and	OUNTY STATE Trom the causes stated
with the Store Dept. o		above (I) see did I did no	view the body after death. DEC M	GREE ATTENDING MED PHYSICIAN DIRECT		21. DATE SIGNED 9/21/84
MPORTA		22d. PHYSICIAN'S NAME (TYPE OF	COLELH :	20 ADDRESS 51 FRANKL	IN 57 AN	NAP Md
		o. Burial, Cremation, Removal {SPECIFY} Cremation		int Crematory E	Baltimore City,	Maryland
4/83		FUNERAL DIRECTOR NAME Walter Brooks Br	adley, Inc. Dundalk, MI		D. BY REGISTRAR 256. REGISTRAR'S	- Pandall

Walter Brooks Bradley, Inc. Dundalk, MD 21222

DHMH - 16 50M 4/83

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.00	4	-	3
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1	FOR - STATE REGISTRAR		F HEALTH AND MENTAL HYG FIFICATE OF DEATH	REG. N	3 . 0 2
3. SE	make	ACE BLASH MAR MAR MAR MAR MAR MAR MINO	TE OF BIRTH PAY 1887 REO NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	6 AGE MYEARS LAST BIR 9 7 9 BALTIMORE CITY O	THDAY) GUNDER I VEAR WONTHS DAY FUNDER IS HE WONTHS DAY AND AND AND AND AND AND AND
050 13e	-NNAPOLIS	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIN 131. CITY OR TOWN	DE OR OTHER INSTITUTION L DA L DNI 13d. INSIDE CITY LIMITS?	12e USUAL OCCUPATION OF CONTROL O	
	WAS DECEASED EVER IN U.S. ARMED TYPES TO SE UNKNOWN LIFYES, GIVE WA 18. CAUSE OF DEATH LEnter only or PART I. DE ATH WAS CAUSED BY IMMEDIATE CA	PORCES? 166. SOCIAL SECURITY NO	15. MOTHER'S MAIDEN NA FIRST 17. HISMAN 18. SCILICE TOTAL TOT	Brad ADDRI 4. Thomas	Le y an ap clis 49 Sinh APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	Conditions, if ony, which gove rise to immediate cause io , stating the underlying course lost. PART 2. OTHER SIGNIFICANT CON	(b) CONSEQUENCE O (c) DITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER) WHILE NOT WHILE AT WORK ALWORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR 211. HOW INJURY OCCUR	YES NO	
	22a. I certify that (I) (this haspital) sow the deceased alive an above, (I) (we (did (did not) via 22d. PHYSICIAN'S NAME) ITYPE OR PRI	ew the body after death. 19 9 4	DEGREE ATTENDING	MEDICAL STA	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT, # New 21 is should be detached for until the State Dept. of 19

ANN APOLIS A.A. M MUSO GATE PSC 2 BY REGISTRANS REGISTRAN'S SIGNATURE WHITE DEPT. TO THE MEDICAL PROPERTY OF THE PSC AND THE

27 FUNERAL DIRECTOR ADDR.

O. E. HICKS FUNERALHOR

Etherwise K = Soft 21/18/ p. Marke Bush 34 37 1837 37 md 4,5,9 X 6,2,0 bm ANNAPOLIS A. A. GeneraL trome Contach Soci Md 18 a pringers X 48 LINK ST 2140 T 10 Seph Maren Rosie Brooks France Burnat 9-25-84 HILLY C.S.T. AKMAYENE HALL O.E. Holds Fuller 14 22 Forten the funeral directe

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the ottending physician and corremove corbanpapers. Pages 1

21 11	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GJENE 2 3 . 3 . 3
		CEASED NAME FIRST	PE A. 1	MEELROY	9. 20. 84 7:30
	3. SE	× EMALE	CAUCASIAN	AUG. 24, 1891	6. AGE (IN YEARS LAST BIRTHDAY) 93 YRS. F UNDER TYEAR F UNDER 24 F MONTHS DAYS HOURS M
35		RTHPLACE (STATE OR FOREIGN EST VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY
70		NAPOLIS BAY	NANOR SUNURSING	NG HOME OR OTHER INSTITUTION APPOME	120. USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY
85	USU. WE		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE BURKELEY CIFALLY		13 STREET APDRESS / ZIP CODE
02	14. FA	ATHER'S NAME FIRST FRANK	MIDDLE GRABILL	15. MOTHER'S MAIDEN NA LUCIE	AME MIDDLE NESMITH
madicol Madicol		WAS DECEASED EVER IN U.S. Al	VE WAR OR DATES)	RITY NO. 17 INFORMANT -1344 IRENE HEI	832 LUCKY ROAD NZ SEVERN, MARYLAND
ry, ar ather troum		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART I I I
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS
9	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFETHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	AIH	AY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IS MOTREC.	W		(AT HOME STREET, FACTORY, OFFICE, F	1.4.19.83	to 9. 20 ; 19.84, that Ih (we
1 11011		22b. SIGNATURI	ue M	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and hour and from the couses state 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 9 21-8
APORTAN		DR. C.V.	CYRIAC	0	HAM LOE GLENBURNIE

STATE OF MARYLAND

TO FUNERAL DIRECTOR: etoined by the hospital MPORTANT: If Item 21 i

PHYSICIAN:

DHMH - 16 50M 4/83 (VRA 15, 4)

CYRIAC 236. DATE 23e. BURIAL BURIAL 9-22-84

30 PM

MD.

A CALE DE SENER CEMENTER A 23d. LOCATION MARTINSBURG CO

* WEST VIRGINIA

WEST ST. 1212 EVANS ANNAPOLI

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CERTIFICATION

STATE OF MADVIAND FOR - STATE REGISTRAR

STATE OF MARIEARD						
DEP	ARTMENT	OF HI	ALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

	CERTIFICATE OF DEATH	REG. NO.	
E	IAST	26 DATE OF DEATH MONTH DAY YEAR 26. HOUR	_
1	mcElwee	SEPTEMBER 17, 1984 10:20 A	-
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR	S
IT	F TIMY 13 1934	MONTHS DATS HOURS MI	N.

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MCELWEE

76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN COUNTRY)

4 RACE

FIRST

Jack

ITED STATES

WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH

d 12h KIND OF BUSINESS OR

10 CITY OR TOWN OF DEATH NNapo

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MANAGER OF TRAFFIC

13e STREET ADDRESS / ZIP CODE

INDUSTRY LOCKE INSULATOR

21012

MARYLAND

13c. CITY OR TOWN ARNOLD

15. MOTHER'S MAIDEN NAME

DIVORCED

BARRETT MIDDLE CRICHERT

14. FATHER'S NAME FIRST HARRY

I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

Mc ELWEE

MARY 17 INFORMANT

ADDRESS SAME AS

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY

MIDDLE

IMMEDIATE CAUSE (a)

ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

19a DATE OF OPERATION

CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO []

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 211 LOCATION STREET

COLUMN

55,675

(1) (we)

27s.1 certify that (I) (this haspital) ettended the deceased from fidid (did not) view the body after death

and that in (my) (our) pointon death occurred on the date and hour and from the DEGHE

TENDING MEDICAL

77d PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

HYSICIAN 22e ADDRESS

STAFF DIRECTOR PHYSICIAN

(SPECIFY)

27h SIGNATURE

236 DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DI

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MPORTANT:

BARRANCO FUNGRAL

24. FUNERAL DIRECTOR

20,1984

HWY. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour retained by the hospital or attending physicion.
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certiticate be executed within 24 hours offer death. Brief H	etoined by the hospital or ottending physicion	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the	should be detoched for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed 📺	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛶 **CERTIFICATE OF DEATH**

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S NO				ga.200.5 an

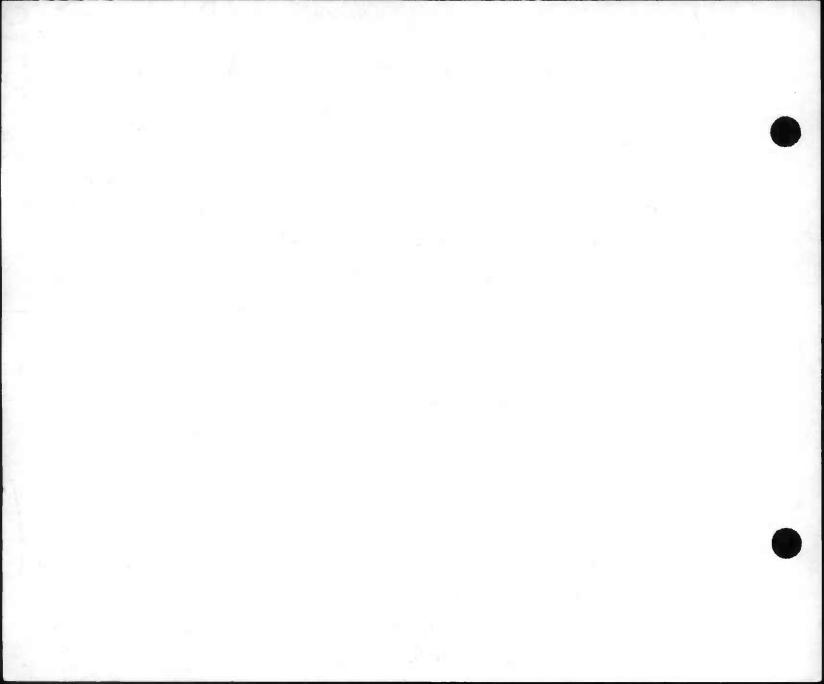
	REGISTRAR		CLRITTIC	AIL OI DLAIN	REG. NO.		
	T. DECEASED NAME FIRST (TYPE OR PRINT) PHILIP	BERNARD	MCENANI			1984	415 PM
١	12.	RACE	5. DATE OF	BIRTH DAY YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	Male	White	Nov.	21, 1912	71 YRS		
1	7a. BIRTHPLACE (STATE OR FOREIGN 7 Baltimore, MD	B CITIZEN OF WHAT COUNTRY	MARRIED 1	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL	COUNT	MD.
1	GLEN BURNIE	II. NAME OF HOSPITAL, NURSI	LOPIOSPIT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Retired	INDUSTRY	Motors
-	USUAL RESIDENCE (IF NURSING HOME OR C 130 STATE 136 COUNT Maryland AA	TY 113c CITY OR TOV	Park		13e STREET ADDRESS / ZIP CODE 544 Manor Road		21146
1	0wen	McEnane	ey	Catherine	WIDDLE	Fugn	nan
	160. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (# YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 213-10-1		Ruby P. McEr	naney, Same as 13		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	hour	in sho	ch	APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
		DUE TO, OF AS A CONSEQUENCE OF THE PROPERTY OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	JENCE OFIL	Contract to the terminal	The Ly Bund	Le Sun	re Block
1	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		, WERE FINDIN YING CAUSES	
		HOUR A.M. MONTH D	DAY YEAR	îte. How injury occurr	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF BEAT IFE EITHER, NOTIFY MEDICAL EXAMINER) VINILE NOTIFY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		TII LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	27a. I certify that (I) (this hospite sow the deceosed alive on obove, (I) (we) (did) (did nat)			that in (my) (aur) apinion d	to to death accurred on the date and hour		that (I) (we) last couses stated
	27b. SIGNATURE 2M. DITYLICIAN'S NAME INVECTOR	Therbut	us /	ATTENDING PHYSICIAN PARES 78	,		13/84 10/84
	JOSE M. PRES	SBITERO, M.D.		GLEN BUR	NIE, MARYLAND 210	161	
	230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial			NETERY OR CREMATORY	Baltimore	AA	MD

DHMH - 16 50M 4/83 (VRA 15, 4)

Ta FUNERAL DIRECTOR

Names S. Kirkley, Glen Bûrnie, MD

250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE SEP 1 3 1984 Fund Lauricean - Harris see



TOUR STATE OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST	MIDDLE	A	AT A	26. DATE OF DEATH MONTH		1.20			
1		Edward	Howard	T	c Neal	Sept.	8, 198	34 7 M			
	3. SEX	Male	1 RACE White	S. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)		YEAR IF UNDER 24 HRS			
	7a BIF	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEAT	Н			
A		Manyland	USA	WIDOW	_	Anne Arund	el Co.	MD			
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESSI .	or other institution is Blvd.	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORL	KING LIFE) INDUS	ND OF BUSINESS OR			
/	USUA	AL RESIDENCE (IF NURSING HOME OF			oo bevas	Trace Biberes		21,000			
1	13c. S	Md. Anne	Arundel Linthic		YES NO AX	13e STREET ADDRESS / ZIP 6844 Battimo		polis Blvd.			
Ŋ	14. FA	THER'S NAME (harles	Middle Me Ne	eal	15. MOTHER'S MAIDEN NAM Mangaret	MIDDLE	+	Hilditch			
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 213-01-2		Kathleen E.	Mc Neal same of	2s 13 E				
			nly one couse per line for (o), (b), on OBY:	dic. P	ILMONARY	FAILLIBE	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
		DUE TO, OR AS A CONSEQUENCE OF METASTATIC LUNG CANCER									
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		icina. Af ic						
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
X	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FI CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO			
		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAR	eT 2)			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNT	TY STATE			
		sow the deceased alive or	atat) ottended the deceased from	-	nd that in (my) (part) opinion of	tole education of the dote on	19 8 2 and from	, that (II (we) lost in the couses stated			
		226. SIGNATURE	i Jalo	اده	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9	P. 11. 84			
		ZZd. PHYSICIAN'S NAME (TYPE O	PACCHO		3358 W	ochkens (Zvei	w			

230. BURIAL, CREMATION, REMOVAL

9-11-84

236 NAME OF CEMETERY OR CREMATORY Glen Haven Mem.

24 FUNERAL DIRECTOR

McCully Funeral Home 237 E. Patapsco Ave.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1984 Lia Davidson-Randelle

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA

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	ANNE ARUNDEL 178 USUAL OCCUPATION (178 OF WORLD MODEL OF MOREON (184)) Bookkeeper	THE KIND OF BUSINESS OR INDUSTRY A & P
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NNA	E. Va	anHorn
	ughter) ADDRESS S	Same as #13
at	aust aust	APPROXIMATE INTERVAL BETWEEN ONGET AND DEATH
d	ial infarction	[30

- STATE CERTIFICATE OF DEATH REGISTRAR CAST DECEASED NAME miDDLE. LEVER SOR PROVED FRANCES ELIZABETH 4.RACE 5 DATE OF BRITH 3. SEX Dec. White Female 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE ISSAM OR FOREGO MARRIED NEVER MARRIES U.S.A. Maryland WIDOWED X NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTIO IS CITY OF TOWN OF DEATH OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS. GLEN EURNIE NORTH ARUNDEL HOSPITAL HE COUNTY Anne I I LE CITY OR TOWN Da. STATE Arundel Glen Burnie Maryland YES . 15 MOTHER'S MAIDE 14. FATHER'S NAME 6455 WIDDLE Frank Ruby Annie the WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT OF 15% GIVE WAR DRIBATES! 215-01-7409 Miss Kar No III. CAUSE OF DEATH (Enter only one couse per line for In) PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse list PART 2. OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 78s. IF YES, WERE FINDINGS USED 70s AUTOPSY? 96 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? TES TI NOT YES . 11b. TIME OF INJURY THE HOW INJURY OCCURRED (INDERSTALLING OF HUMS IN THE FART I CREATE VI 71s. ACCIDENT WAS UNDERLYING. HOUR A.M. MONTH DAY YEAR DECONTRIBUTING [] CAUTE OF DEATH OF EITHER HOTHY MEDICAL EXAMINERS P.M 19 214 INJURY OCCURRED THE PLACE OF INJURY CITY ON TOWN COUNTY DIAM 138683 EAT HOWESTREET, YACTORY, OFFICE YARM, ETC. | NOT WHAT 22x I certify that (I) (this hospital) attyrid and that in (my) (our) aginian death occurred on the date and hour and from the course stated now the deceased alive on, 77c DATE STONED DEGREE 77h SIGNATURE ATTENDING. MEDICAL DIRECTOR PHYSICIAN PHYSICIAN WE ADDRESS 224 PHYSICIAN'S NAME 1114 234, NAME OF CEMETERY OF CHE TIE BURIAL CREMATION REMOVAL Cedar Hill Cem. CITY OF FORMS (SPECIFY) Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

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24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md Brooklyn

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNARY
SEP 2 5 1984 Julia Mundoon-N runa Navidson-Handalle BARRIE SELL SECTION OF SERVICES THE SECTION OF SERVICES TOURS DEBUTE BOX CLEV ARROLD NUMBER AND POST TOLL

7845 OMOROD ID See See THE COURSE BEAUTIFUL CLES BUILDE AND LAST BEAUTIFUL AND LAST

1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	-, 1
	ECEASED NAME PE OR PRINT)	Hedwig Sophia	hia Meyer	20 DATE OF DEATH MONTH D	YEAR 26 HOUR 6 PM
3 S	Female	White	S. DATE OF BIRTH MONTH H 11 1904		IF UNDER 1 YEAR IF UNDER 24 HRS
1//	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY Anne Arundel	OF DEATH MD
4//	city or town of death denton	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 1533 Meyers Sta	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE homemaker	126 KIND OF BUSINESS OR
13a.	STATE 13b. CO	or other institution, give residence before UNTY 136. CITY OR TOW Odenton	/N 13d INSIDE CITY LIMITS? YES NOXXX	13e.STREET ADDRESS / ZIP CODE 1533 Meyers Sta	tion Rd. 21113
D)	FATHER'S NAME FIRST UNK.	MIDDLE LAST Brown	15. MOTHER'S MAIDEN NA FIRST Martha	WIDD/F	Kriker Suher
B) 16a	WAS DECEASED EVER IN U.S. / {YES, NO OR UNKNOWN} (IF YES, O	ARMED FORCES? 166 SOCIAL SECU 213-50-8			Meyers Station ton, Md.
The state of the s	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), on SED BY: ATE CAUSE (a) CA PALO	respiratory	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other trailer affice	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF hear f fa	ilure	1 year 2 months
×	PART 2. OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 11a
8 shaws ony injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRI 1 OR PART 2)
morked or Item	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ет 21 із то	saw the deceased alive	spital) attended the deceased fram- on19_2 not view the body after death.	ond that i (my) (our) opinion	death occurred an the date and haur	nd from the causes stoted
=	Maul	10eren 100	MA ATTENDING	MEDICAL STAFF	9/4/84

should be dett with the State TO HOSPITA etained by 22e. ADDRESS Cem. Bowie, Prince Georges Md.

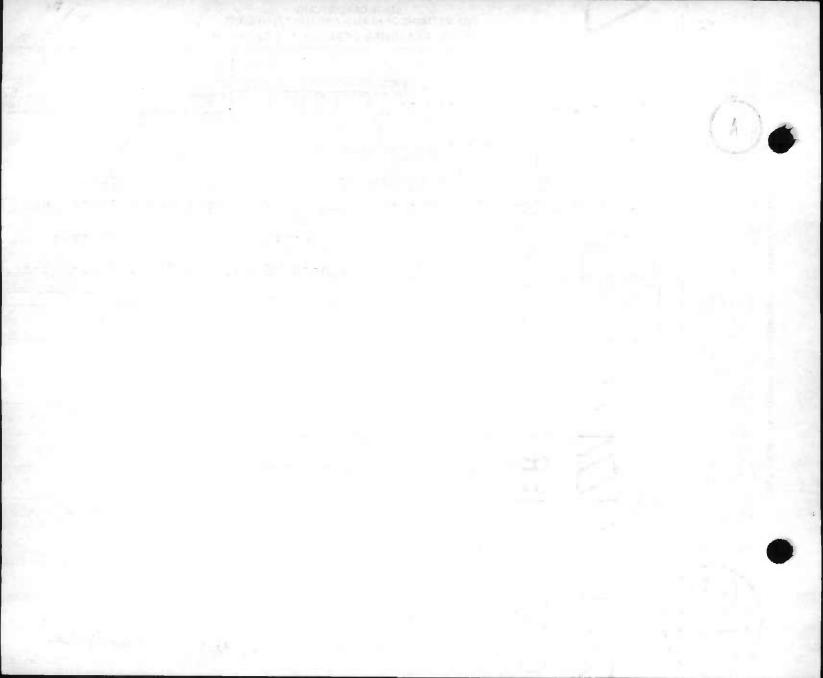
250 DATE REG D. BY REGISTRAR 256 REGISTRAR S. SIGNATURE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Sept 8 1984 1st Lutheran Ch. Cem. Burial 24 FUNERAL DIRECTOR 6000 Annapolis Road DHMH - 16 50M 4/83 Beall Funeral Home (VRA 15, 4) Bowie, Maryland

ESCER ON Location Project SERI to porterio delimitat anni bue; prof Pij-jo-coja Jahn a. Tayar, dr. - acaton, No. 24 04 5 remarks and the contract of th

March F/H Inc. 1101 E North Avenue

DHMH - 17

(VR A15 ME (5) 20M 4/82



	STATE OF MARYLAI
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ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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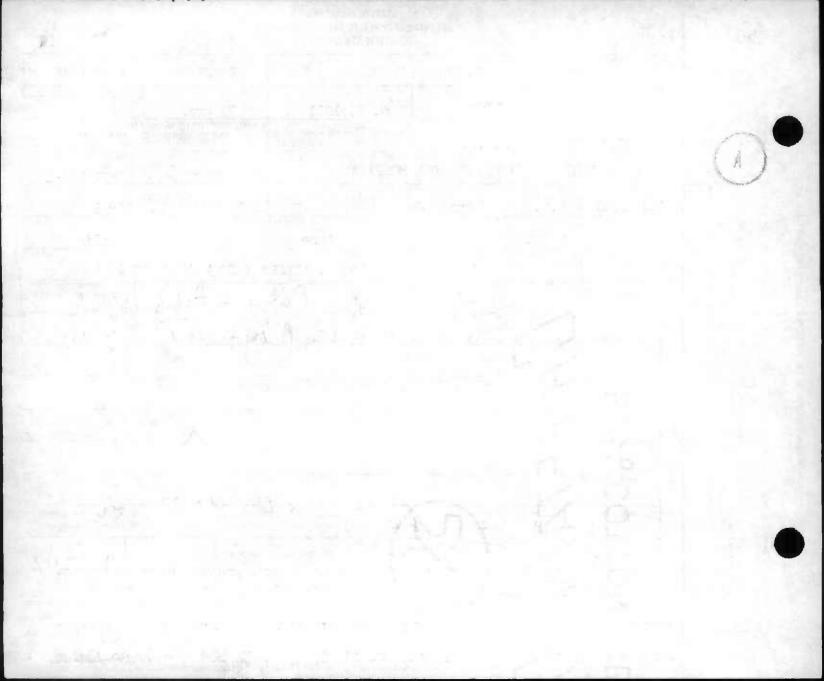
1	REGISTRAR				CERTIF	CATE OF DEATH	0	REG. NO.		ED1	
	DECEASED NAME	EDMUND		EDWARD	MILLE	S VZI	20 DATE OF SEI	PEMBER	23, 1984	26. HOUR 645	AM
3. 9	MALE	4	RACE WHI	ΓE	5. DATE O		73		MONTHS DAYS	HOURS N	HRS Ain.
70.	BIRTHPLACE (STATE OR COUNTRY) PENNSYLVAN		U.S.		MARRIED WIDOWE	NEVER MARRIED DIVORCED	AT	RECITY OR COU VINE ARUN	DEL COUNT	Y	MD.
A 10.	GLEN BURN				VEL AD HOME O	R OTHER INSTITUTION			NG LIFE) INDUSTRY	OF BUSINESS	
	UAL RESIDENCE (IF NUR S. STATE Maryland	13b. COUNT		GIVE RESIDENCE E 136 CITY OR Harund	TOWN	13d. INSIDE CITY LIMITS? YES NO 🔀	1016	ADDRESS / ZIP C UPTON RD			
10	FATHER'S NAME EIRST	UNKI		LA5T		15 MOTHER'S MAIDEN N Anna	I AME	MIDDLE	Zel		
/ 160	WAS DECEASED EVER		WAR OR DATES)	164.18	3.0496	ANN W. MILL	ER (WIF	address E) (SAME	AS 13e)		
NO.		mediate ng the e last.	(0)_		EQUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION	I GIVEN IN PART 1	0	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED	28x AUTO		F YES, WERE FINDI ERTIFYING CAUSES YES [])
MEDICAL CERT	OR CONTRIBUTING [IE EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE NOTW AT WORK NOTIFY AT WORK	CAUSE OE DEAT INCAL EXAMINER) RED THILE	P.I. 21e PLACE ((AT HOME STR	M. MONTH M. OF INJURY EET, FACTORY, OF	om A	211 LOCATION STREET 19 d that in (my) (our) opinion	JRRED (ENTER NA	CITY OR TOWN	(OUNTY	stat) lost
	226 SIGNATURE 226 SIGNATURE 224 PHYSICIANS N HILARY	50	95	offer death		ATTENDING PHYSICIAN 220 ADDRESS 3	MEDICAL DIRECTOR	STAFF PHYSICIAN [TAL DRI	224 PATE	SIGNED 208	×c
	G. BURIAL, CREMATION (SPECIFY) CREMATION	, REMOVAL	236 DATE 9/25/:	1984		EMETERY OR CREMATOR	CITY	ALTIMORE	COUNTY	STAT Z LAND	E

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows ony should be detoched far use as the burial-transity with the State Dept. of Health and Mental Hygiei

WALTER BROOKS BRADLEY INC., BALTO., MD. 21222 SEP 25 1984 - Suida Divida Divida

BALTIMORE



		FOR STATE		ARTMENT OF H		MENTALH	-a Gar	2 3		1900		
	1	REGISTRAR		CAL EXAMINE	R'S CERTIF	ICATEO		REG. NO				
		CEASED NAME FIRST	+ Max	ie r	1iller		20. DAT OF DEAT		MONTH	2619 X4	25. HOUR	
	3 SEX			YEAR LAST BIRTHDAY	MONTHS DAYS	HOURS	MIN. PRONC	ATE DUNCED AD	MONTH	DAY YEAR 26 19 84	2d HOUR	
1	7a. B!!		7b. CITIZEN OF WHAT				9. BALI	IMORE CITY O				
1		REIGN COUNTRY) NADA	Canada	3.	MARRIED D	DIVORCE	^	11118	Avu	udel	MD	
3		INNOPOLI'S	II. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	L, NURSING HOME,	OR OTHER INSTIT	TUTION .	12a USUAL OCC FOR MOST OF V		- 1	OR INDUSTI	ISINESS RY	
6	13a. S1			SIDENCE BEFORE ADMISSION C. CITY OR TOWN ANNAPOLIS	T3d INSID	E CITY LIMITS?	13e STREET ADD	ORESS MERICAN	NA DR	214	03	
21		THER'S NAME EODORE	MIDDLE SI	PAFFORD		HER'S MAIDE PIRST DNA	N NAME	MIDDLE	Р	ΑΪ́Έ		
1		VAS DECEASED EVER IN U.S. ARM (S, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	b. SOCIAL SECURITY		RMANT VID E	. MILLE	ADDRESS 321 ER ANN	CEDA	R LANI	E	
		PART I DEATH WAS CAUSED IMMEDIATE Canditians, il any, which gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.	CAUSE (a) DUE TO, OR AS	A CONSEQUENCE O	rus (lves a	supp luxe.	- m/x)	Lure	APPROXIMATI BETWEEN ONSE		
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0										
9	CERTIFICATIO	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	? NO []		
3		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		ONTH DAY YEAR	2Tc HOW INJU	RY OCCURRE	D LENTER NATURE O	F INJURY IN ITEM 18 I	PART 1 OR PART 2		NO L	
	MEDICAL	ZTIL INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II STREET, FACTORY.	NJURY (ATHOME, FARM, ETC.)	211 LOCATION STREET		CITY OF	TOWN	COUN	ΤY	STATE	
		220. I certify that I taak charge death resulted Iram: Natura		person	Autapsy	Inspection	Inqu Undetermined		d in my apin	ian		
7		ACTUAL SIGNATURE	- 2 W	Luch	M.D	(SPECIFY)	MEDICAL EX	AMINER	DATE SIGNED.			
2		EXAMINER'S NAME JAMES	E. Wheeler	, M.D.	ADDRESS	910 Pr	imrose I		apolis	, 21403	3	
	23a. Bl	URIAL, CREMATION, REMOVAL 23 CREMATION	9/28/84	WESTVIE			23d LOCATIO CITY OR TOWN BALTII		COUNTY		TATE MD	

DHMH - 17

BP

(VR A15 ME (5)) 20M 4/B2

CREMATION 9/28/84 24. FUNERAL DIRECTOR

ADDRESS HARDESTY FUNERAL HOME

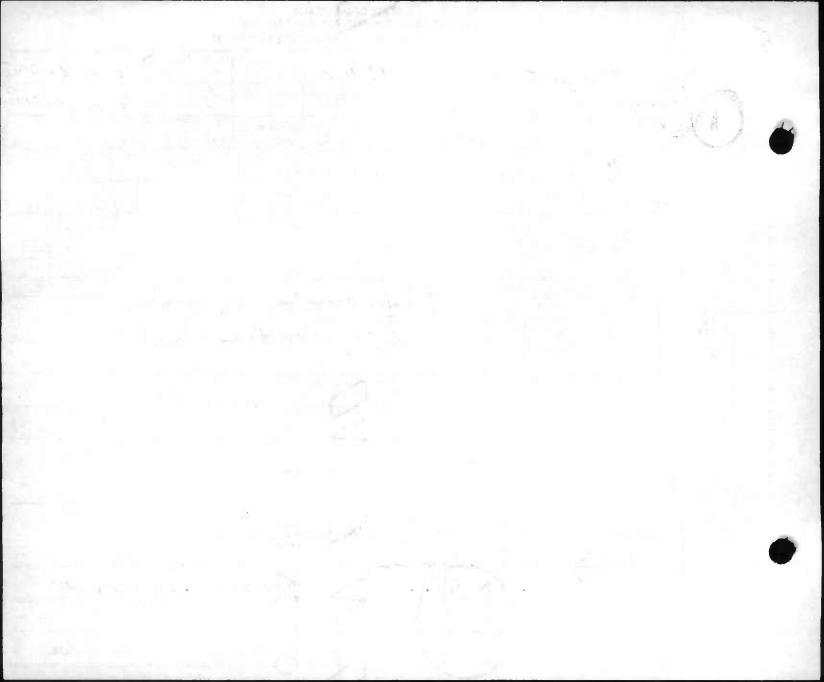
ANNAPOLIS, MD

2 8 1984 SEP

BY REGISTRAR

250. DATE REC'D.

256 REGISTRAR'S SIGNATURE



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BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4. 1 5 EDT			
	DECEASED NAME FIRST TYPE OR PRINT) MELIN	DA ANN M	II LONE	SEPTEMBER 17	7, 1984 210 PM			
	SEX Female	CAUCASIAN	5. DATE OF BIRTH MONTH DAY JANUARY 25, 1951	6. AGE (IN YEARS LAST BIRTHDAY) 33 YRS				
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	UNITED STATES	MARRIED NEVER MARRIED X WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN ANNE ARUNDE				
4	GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY			
D 13	SUAL RESIDENCE (IF NURSING HOME OF THE STATE 136 COU		PARK YES NO NO	130.STREET ADDRESS / ZIP CO	Marile 1			
44	FATHER'S NAME FIRST ROBERT	MIDDLE LAST MILON		MDDLE	IMGRUND			
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU INE WAR OR DATES) 275-46	70010	LILONE (SAI				
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), on ED BY: ATE CAUSE (a)		ry corest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which (b) Veynalar Jon/Chal							
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF					
N		CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART Tra			
CEPTIEICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO			
10	OR CONTRIBUTION C CAUSE OF DE		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART?)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		n 19 19 19 19 19 19 19 19 19 19 19 19 19	9/14, ond that in (my) (our) opinion	deoth occurred on the date and t	nour and from the causes stated			
1	22b. SIGNATURE			MEDICAL STAFF PIRECTOR PHYSICIAN	224. DATE SIGNED			
	BASANT K. K	HANDELWAL, M.D.	GLEN BURI	1123	NAPOLIS BOULEVAL 21061			
	BURIAL, CREMATION, REMOVA	SEPT. 20, 1984 Ou	R LADY OF THE FIELD		ANNE ARUNDEL MO			
24	FUNERAL DIRECTOR	501	RITCHIE HWY. 250 DATE	E REC'D. BY REGISTRAR 256, REG	GISTRAR'S SIGNATURE			

		TRUMBER PARTY	
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Lhursee			320000
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	and the second		
	AUTO TOTAL	TO LICENSE	

THE PARTY SHARES

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.

within 24 hours ofter death. Page 4 may be

ond completely filled in by the oges I and 2 should be filed w

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and coi should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	2 3	4 1	EDT
		CEASED NAME) FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
		elvin KFN	NETH	JOSEPH	MISKE	YLE	SEPTEM	BER 22,	1984	217 AM
	3. SEX		4. RACE	OCCIATI	5. DATE C		6 AGE I IN YEARS LAST BIR	THDAY] IF	UNDER 1 YEAR	IF UNDER 24 HRS
	M	ale	Whit	e	Dec.		62	YRS	NIHS DAYS	HOURS MIN.
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8		9 BALTIMORE CITY C		F DEATH	
4	C	aryland	TI.	S.A.	MARRIE	NEVER MARRIED DIVORCED	ANNE	ARUNDEL	COUNT	Y MD
4		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
4	1	GLEN BURNIE	NOF	SUCH FACILITY, GIVE STREET TH ARUNDE	L HOS	PITAL	(Ret) Car	penter	Armo	Steel
2	USUA 13n. S	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTE	I 13c CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
2			eArundel			YES NOW	616 Crain		N.W.	21061
15		THER'S NAME				15. MOTHER'S MAIDEN NA	AME			
U	н	arry	E.	Miske:	117	Jane	K.		Reinh	noldt
1		VAS DECEASED EVER IN U.S.				17 INFORMANT	ADDR	ESS	110111	10440
		£0, 10 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GIVE WAR OR DATES	213/16/49	949	Mrs. Catheri	ne Miskelly	(Wife)	Same	as #13
		18. CAUSE OF DEATH (Enter	only one couse p	per line for (a) 161, an	d (c).)	. 1.			BETWEEN	MATE INTERVAL DISET AND DEATH
			NATE CAUSE (o)	1	roli	n an	en		-	
		A	DUE TO,	OR AS A PONSEQUI			0	. 17	+ .	
		Conditions, if ony, which	(b)	un	a)	mounder	if day	nch	mi	
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQUE	ENCE OF	a Ast.	76			
			((c)	Ch	wi	ny	y you	-4		
	Z	PART 2. OTHER SIGNIFICAN	AT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NO RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVE	N IN PART III	
	ATIC	198 DATE OF OPERATION	19b. CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
1	CERTIFICATION	and the same					YES NO	YES	NG CAUSES	NO [
3	CER	210. ACCIDENT WAS UNDERLYING	44004100	OF INJURY	.v. v	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	TIORPART?)	
7		OR CONTRIBUTING CAUSE OF	DEATH	A.M. MONTH D.	AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLAC	CE OF INJURY		211 LOCATION	CITY OR IC	Donath I	COUNTY	STATE
	W	WHILE NOT WHILE AT WORK	MOH TA)	STREET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITORIC	/WN	COOMIT	31416
		220.1 certify that (I) (this he	ospital) attended	the deceosed from_			, to	. 19	·	that (I) (we) last
		sow the deceased alive above, (1) (we) (did) (did	on	19_		nd that in (my) (our) opinion	death occurred on the o	ote and hour	and from the	couses stated
		226. SIGNATURE	//	2		DEGREE			22c. DATE	SIGNED
1		(Ine in	Tre	Valen.	MO.	ATTENDING PHYSICIAN	DIRECTOR PHYSI		9/2	28/8
	1	224. PHYSICIAN'S NAME (I)	PE OR PRINT)			22e_ADDRESS	7845 OAKWOO	D ROAD	-	,
		JOSE PRE	SRITERO	M D		GLEN B	URNIE, MARY	LAND 21	061	/
Т		BURIAL, CREMATION, REMOV		230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	Sept.	25,1984 C	edar I	Hill Cemetery		_	A.A.	Md.
		UNERAL DIRECTOR S	1 hal	Kin RODRESS		250. DA	TE REC'D. BY REGISTRAF			Pendale
	S	singleton Fune	ral Home	- Glen Bi	irnia	MG 5M	EP 2 5 1984	10000		

Singleton Funeral Home - Glen Burnie, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

ALEMAN THEOLOGICAL

CLUSY BURNIER MORSE STREET, HOSPITAL FORPITAL

VEHICL GOVERNMENT SHEET CLER BURNER; WALLY D. TIMBI

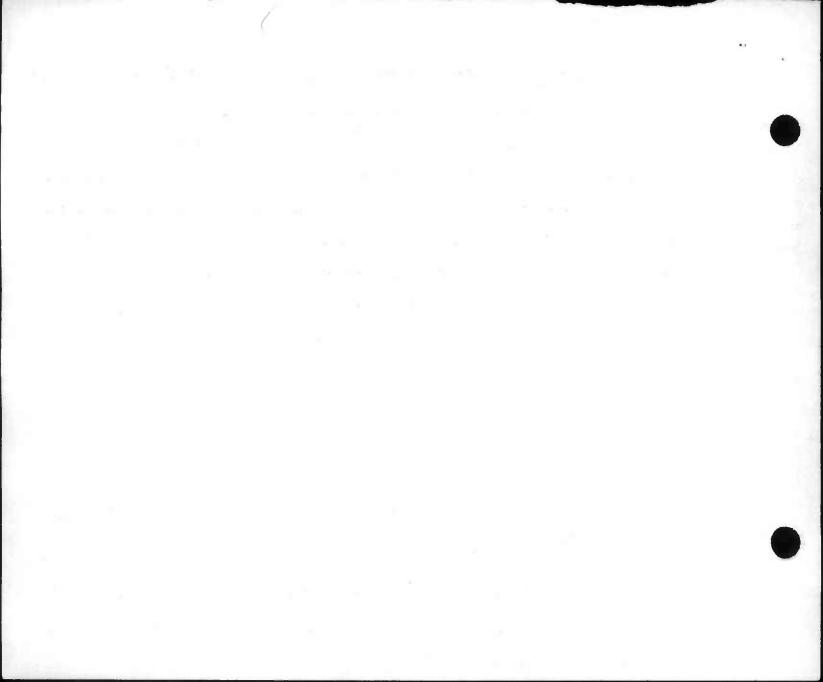
JOHN TRESHTING N. D.

BP_ DHMH - 16 50M 4/ (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEA	ATE OF DEA	15. 21	REG. NO	2. 3 -	3	1
P	(TYPE	CEASED NAME FIRST CURTIS			CHELL	_	September		1 0	b. HOUR 2:16f
	3. SE	ale	4. RACE White	5. DATE OF I	DAY	YEAR 6.	AGE (IN YEARS LAST BIRT	MONT		FUNDER 24 HRS
6//		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	DV2 0	NEVER MARI	0	BALTIMORE CITY O	R COUNTY OF	DEATH	
0	R	hode Island	U.S.A.	WIDOWED [Anne Aru	ndel		M
p//	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUT	TION 12	USUAL OCCUPATION	I NC	2b. KIND OF E	BUSINESS O
O		nnapolis	Anne Arunde	l General	l Hospita		Ret.)Mech		Automo	bile
myst be	13a. S Ma	aryland Anne	r other institution give residence by 13c. CITY OR 1 Arundel Miller	sville		xx	STREET ADDRESS /		oad 2	1108
all line	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15	5. MOTHER'S MA		WIDDIE		LAST	
3			F. Mitch€		Isabell	e			Ennis	
medica			RMED FORCES? 166. SOCIAL S IVE WAR OR DATES) 212/34		evelyn	N. Mit	chell (Wife		ne as #	13
n no bu lou, crembi	MION	Canditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	QUENCE OF		THE TERMINA		DITION GIVEN I		CHEE
0110	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	WAS PERFORME	D	YES NO	IN CERTIFYING	G CAUSES O	
4		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	?1c HOW INJURY	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
o pe	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF		11 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
- 6			n	Bt 1/	that in (my) (aur	9 8 4) opinian dea	th accurred on the do	ite and have an	d fram the ca	uses stated
12		abave, (1) we) did (did n		DE	GREE				22c. DATE SK	GNED
VI. II New 21 is m		226. SIGNATURE	cod		ATTEM	NDING /	MEDICAL STAF	F IAN []	Sept.5	, 198
TANT.		above (I) we did (did n 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE Dr. Anthony	OR PRINT)	\ 2	ATTER PHYS 2e ADDRESS	SICIAN D	MEDICAL STAF MERCTOR PHYSIC . Apt.201	IAN 🗌	Sept.5	
13/-		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	Caputo	230 NAME OF CEM	ATTEM PHYS 2e ADDRESS 32 Holic	day Ct	URECTOR PHYSIC	Anna	Sept.5	



- STATE

(TYPE OR PRINT)

13a STATE

Md

M FATHER'S NAME

(YES NO OR UNKNOWN)

ves

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying cause last.

190 DATE OF OPERATION

21d. INJURY OCCURRED

22h SKGNATUR

(SPECIFY)

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

Dr. Watkins

23b. DATE

NOT WHILE AT WORK

Henry

CERTIFICATION

MEDICAL

4

Fe

3 SEX

REGISTRAR

70 PHETHPLACE (STATE OF FOREIGN COUNTRIMO.

Annapolis Md

136 COUNTY

Co

MIDDLE

WW2

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH MONTH 2b. HOUR WILLIAM Burbridge 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS WHITE YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWED [DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Auitor State Income Ta Anne Arundel General Hosp. TISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rt#2 Box # 628-Chester YES X NO [15 MOTHER'S MAIDEN NAME LAST Schumacher Alice Keech MONTEL ADDRESS 21619 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Mary Lee Montell, Rt#2 Box #628-D Chester Md. 212-03-3941 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) IMMEDIATE CAUSE (D) OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from 9/29/84 ... and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the bady after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Anne Arundel General Hosp. Annapolis Md.

23d. LOCATION

CITY OR TOWN

Anne Arundel

To. DATE REC'D. BY REGISTRAP 25% REGISTRAP S SIGNATURE INCOME. BP Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Tom Helfenbein Funeral Home P.A. ,Rt#2 Box 66-B (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

and a frequency of the first factors also .th. _country series

requires that the death certificate be executed within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN The low

etained by the haspital or

BP.

offending physician

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 , 6.00	3	-	Contra-	
NO				

	' '	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0	,	
		CEASED NAME	FIRST		MIDDLE	l	AST		2a DATE OF DEATH	MONTH DA	YE AR	2b HOUR
	(TYPE	OR PRINT)	RUTH	AN	JN M	ONTGO	MERY			9 10	84	4:55 th
	3 SE	Х		4 RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 24 HRS.
		FEMALE		WH	HITE	MONTH 12	1 1	52	31	YRS	ONTHS DAYS	HOURS MIN.
8/6		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	NEVER M		9 BALTIMORE CITY		OF DEATH	
107		NEW YORK		U.	S.A.	WIDOWE		ORCED	ANNE ARU	NDEL		MD.
0	-	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C		TUTION	12a USUAL OCCUPAT	ION		OF BUSINESS OR
6/0	G	LEN BURNI	Ε		RLEY NEC		D		SECRETARY		N.S.	Α.
000	USU			OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE CIT	TV I IAAITS 2	13e STREET ADDRESS	/ 7IP CODE		
でか		ARYLAND		Α.	GLEN BU			NO 12	107 MARLE		ROAD.	21061
in the state of	14. F.A	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S					
1 / LG		ROBERT		N .	TERRY	SR.	JEAN	INE	RUTH		KENN	
0 /		WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADDR	ESS	T.L.	1101
e medicol	. (YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-58-	9177	ROBER	r w. Ti	ERRY JR 2	2 4TH	AVE.	21227
‡		18 CAUSE OF DE	ATH (Enter or	ly one cause per	line for (a), (b), and		RODLIN	- 11.0	2000			ONSET AND DEATH
vent		PART I. DEATH	H WAS CAUSE	Ď BY: E CAUSE (a)	/ /	dak	on 5	Dis 1	sos e		3	4165
ofic e			iii ii		r as a conseque	NCE OF			,			
E a		Conditions, if c		((b)_		1	IUER	FAI	lune			whe.
er 1		gove rise to couse (a), st		DUE TO, OI	r as a conseque	NCE OF	Λ				-	3 - 2
or other troumo		underlying co	use last	(()			HNON	400			ے ا	- re-th
njury, o	_	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
	é											
à On	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FIND II ING CAUSES	NGS USED S OF DEATH?
Nog !	F						1		YES NO	YES		NO 🗌
or Item 18 sho		OR CONTRIBUTING		110110 4	FINJURY M. MONTH DA	YEAR	71c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJ.	APA BI METI MI YR	RT DR PART 2)	
te /	CAL	(IF EITHER NOTIFY A	AEDIC AL EXAMINEI	P		19						
ŏ	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATIO	N	CITY OR TO	NWN	COUNTY	STATE
morked		AT WORK AT	WORK -			91	_		2		E//	
ž.		22a I certify that		tal) attended th	e deceased from_	2 ()	11	, 19 7		2 /	/	that (I) (we) last
5 E		obove (I) w	eosed alive e) (did v did no	iew the body	after death.		_	our) apinion (death occurred on the a	ate and havi		
±		226 SIGNATURE	7-2			M	DEGREE	TENDING .	AMEDICAL STA	FF	22c DATE	SIGNED
MPORTANT: If them 2		TO CONTRACT OF THE CONTRACT OF). Ju			, ,,	P	HYSICIAN R	DIRECTOR PHYSI	CIAN	1//0	1/8/
ATA		27d. PHYSICIAN'S	NAME (TYPEC	R PRINT)			27e ADDRESS					
¥				KEMER, N					IN ROAD; PA	SADENA	MARY	LAND
		BURIAL, CREMATIC	DN, REMOVAL			NAME OF C	EMETERY OR C		23d LOCATION CITY OF TOWN		COUNTY	STATE
-	24.5	BURIAL		09-13	8 4 M	EADOW	RIDGE M					RYLAND
′83		UNERAL DIRECTOR		701 m	ADDRESS		21229	750. DAT	E REC'D. BY REGISTRAF	Filia D		Manda 92
	H	JBBARD FU	NEKAL	HOME, IN	IC. 4107 1	N ILKE	NS AVE.	I SE	P 1 1 1984	7 was	14000	1

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

52 31 12 11

U.S.A.

N.S.A. SECRETARY

107 MARLEY NECK ROAD, 21061 GLEN BURNIE ×

JEANNE SR. RUTH TERRY

212-58-9177 ROBERT W. TERRY, JR. 22 4TH P

Hodykus asmie Lives Foller Burnis

agoc

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	6.00
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marke	

ld b PORT

- STATE REGISTRAR DECEASED NAME

FOR

[TYPE OR PRINT!

13a STATE

CERTIFICATION

3. SE:

MIDDLE EDWARD

MOONEY

5 DATE OF BIRTH

MARRIED X NEVER MARRIED

20 DATE OF DEATH MONTH SEPTEMBER 20. & AGE (IN YEARS LAST BIRTHDAY)

YEAR 1984

IF UNDER I YEAR

2h HOUR 0546

IF UNDER 24 HRS

	MICHARIA	3,21,71
K	4. RACE	
MARIE	Cour	neir

DICHADD

MONTH 7b. CITIZEN OF WHAT COUNTRY?

NORTH ARUNDEL HOSPITAL

65 **BALTIMORE CITY OR COUNTY OF DEATH**

ANNE ARUNDEL COUNTY

70. BIRTHPLACE (STATE OF FOREIGN

STATES WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17a USUAL OCCUPATION

12h KIND OF BUSINESS OR INDUSTRY

GLEN BURNIE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

13d INSIDE CITY LIMITS?

13 STREET ADDRESS / ZIP CODE MIDDLE

APPROXIMATE INTERVAL

MARYLAND 14. FATHER'S NAME KICHARD

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

HOONEY 16b. SOCIAL SECURITY NO

MARY 17 INFORMANT

ADDRESS SAME AS

YRS

PROELLOCH

(YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS

Conditions, if ony, which gave rise to immediate couse (o), stoting the

underlying couse

19a DATE OF OPERATION

21d INJURY OCCURRED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY

NO YES T

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attemped the deceased from

21f LOCATION STREET

CITY OR TOWN COUNTY

STATE

NO [

sow the deceased alive of obove (1) we) (did) did not view the body after death 226 SIGNATURE

DEGREE wo ATTENDING

MEDICAL

STAFF DIRECTOR PHYSICIAN [

, and that in(my) (our) apinion death accurred on the date and hour and from the causes stated

7845 OAKWOOD ROAD

22 DATE SIGNED

224 PHYSICIAN & NAME (TYPE OF PRINT) CHARLES WILM D

GLEN BURNIE MARYLAND 21061 23¢ NAME OF CEMETERY OR CREMATORY

-22e ADDRESS

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR

1984 MEADOWRIDGE MEN

MD 250. DATE REC'D. BY REGISTRAR ASS. REGISTRAR'S SIGNATUR

Mr. atan. 180 sempreso RESEARCH FROM REAL PROPERTY There (Aucrona Jan 4 1919) 65 West States France - American States - THE REAL PROPERTY AND ADDRESS. MANAGEMENT OF THE PROPERTY OF T Harriant had bounce that bound in X total New more for 19060 THE REPORT OF THE PROPERTY OF THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

etoined by the hospital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	4	Lu	

	CEASED NAME	FIRST	MIDDLE		*	20 DATE OF DEATH	MONTH DAY	YEAR 126 HOU
(TYPE	OR PRINT)	Mary	L.	Mor	eland		4 3	84 Exp.
3. SEX	Female		White	5. DATE O	18 [™] 1902	6. AGE (IN YEARS LAST BI		UNDER I YEAR IF UNDER
-	RTHPLACE (STATE COUNTRY) Shingtor		76. CITIZEN OF WHAT COU	MARRIE	,	9 BALTIMORE CITY O	OR COUNTY O	
10 CI	nnapolis	DEATH	11. NAME OF HOSPITAL, 1 (IF NOT IN SUCH FACILITY, GIV Anne Arundel	NURSING HOME OF STREET ADDRESS) General	OR OTHER INSTITUTION	12a USUAL OCCUPAT (IV) E OF WORK FOR MOST HOUSEWIL	ION	126. KIND OF BUSINE INDUSTRY OWN Home
13a. S	AL RESIDENCE (IF)	13b. COU	Arundel 130. CITY O	DR TOWN	13d. INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS 1622 Lee	ZIP CODE Drive	21106
	George		ft	AST	15. MOTHER'S MAIDEN NA FREST	MIDDLE	ss: 5158	Colbret Riva Road
	VAS DECEASED EY YES, NO OR UNKNOWN NO		VE WAR OR DATES)	74-7637	Marlene Bet			Riva, Md.
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 7 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	CEASED NAME OR PRINT) YASA	KU		ISHITA	L	151		SEP 4,		YEAR	26. HOUR
3. SE)	MALE	4.	TAPA	nese	5. DATE C	F BIRTH	1 8 9 8	6. AGE (IN YEARS LAST BIRT	MONT	DER I YEAR	HOURS
0	BIRTHPLACE (STATE OR FOREIGN 7b, CITIZEN OF WHAT COUNTY) JAPA D CANADA						9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARMOEL				
10. CI	DENTON	ATH 1	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET OUGH ARN	ADDRESS)		TITUTION	126. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF TH	ON 1 F WORKING LIFE) 1	2b. KIND O NDUSTRY	SCAP
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14. FA	THER'S NAME FIRST UNK	NOWN	DD1E	LAST		15. MOTHER	S MAIDEN NA/	UNKNOWN		LAS	51
(1	VAS DECEASED EVER YES, NO OR UNKNOWN) MENDER		ED FORCES? WAR OR DATES)	166. SOCIAL SECU 312-70 -		17. INFORMA MAE J		497 ADDRE	SA AVE	1113	3
	gove rise to imr	negiotê	1			E)			1		
NOI	cause (a), stating underlying cause PART 2. OTHER SIGN	last.	(c)_(AS A CONSEQUE ARCINO ONTRIBUTING TO E	mA c	F STO		inal disease or coni	DITION GIVEN I		
TIFICATION	underlying cause	ng the last.	ONDITIONS CO	LARCINO	DEATH BUT	F STE	D TO THE TERM	206 AUTOPSY?	20b. IF YES, WI IN CERTIFYING	N PART 1	NGS USED
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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retained by the hospital ar ottending physician.

24. FUNERAL DIRECTOR HARDEST ESTY FUNERAL HOME

ANNAPOLIS, MD

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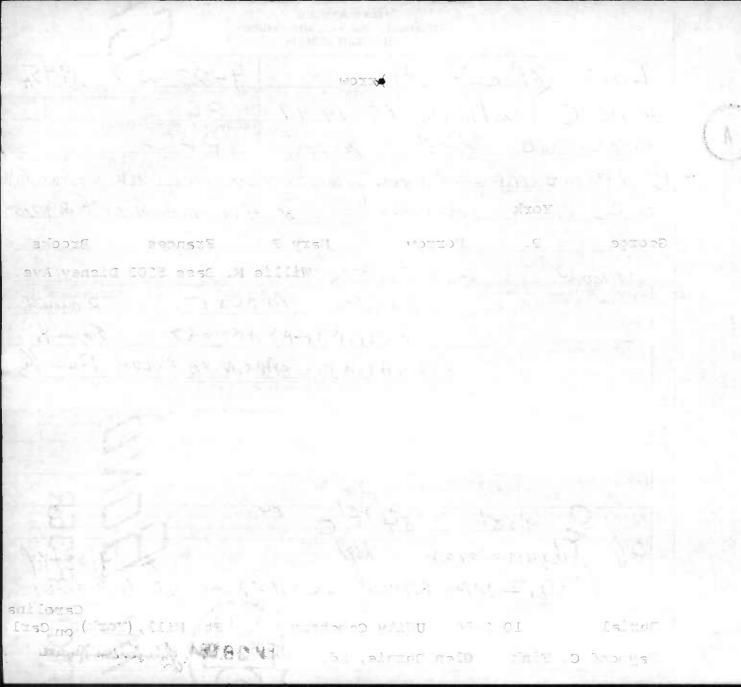
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

DHMH - 16 50M (VRA 15, 4)

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	1.	FOR STATE	4-	DEPAI		LTH AND MENTAL	HYGIENE	2 3	3 . 2	J
		REGISTRAR	1 ot	A		ATE OF DEATH		REG. NO.		
+	1. DE	CEASED NAME	FIRST MOR	MIDDLE	10	iddle	20. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
er deoth	3. SE	- C/0 6	1 RACE	-/	5. DATE OF		A AGE III	N YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2.4 HRS
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i VV		RTHPLACE (STATE OF	FOREIGN 76. CITIZEN O	F WHAT COUNTS	Y? 8.	NEVER MARRIED	9 BALTIN	ORE CITY OR COU	INTY OF DEATH	
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puo /	Ge	eorge	P.	Morro	W	Mary	F	Frances	В	rooks
s 9 7/		WAS DECEASED EVER	IN U.S. ARMED FORCES		CURITY NO. 1	7. INFORMANT		ADDRESS		
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moval.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause p 'AS CAUSED BY: IMMEDIATE CAUSE (a)_	per line far (a), (b),	AR DIY	te i	ARROS	PJ		MATE INTERVAL ONSET AND DEATH
or re		15 (15)		OR AS A CONSEC	QUENCE OF	0 0 00		1400	6	1
ove dum		Conditions, if ony			KET	11/12/04	YARK	6617	3 m	my.
cremo		gave rise to imi cause (a), statis underlying couse	g the DUETO,	OR AS A CONSE	DUENCE OF	ATTE	ARCIN	MA CO	con 12	montes
burial by, or		PART 2. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1	a
at of	CERTIFICATION									
e prior	ICA	190 DATE OF OPERA	TION 19b. CON	IDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AU	TOPSY? 20b. 1	F YES, WERE FIND II ERT IFY ING CAUSES	OF DEATH?
giene Sit pe	E			0.5 11 11 101/		110111111111111111111111111111111111111	YES [YES [NO []
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ento ento	S	(IF EITHER, NOTIFY MEDI	CALEXAMINER)	P.M.	19					
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or use os of Health 21 is mar			(this haspital) ottended	he deceased fro	m 9/2	1/	69_, to_		. 19	that (i) we) last
d for u n 21 is		saw the decray above, (1) (work	a ulive on 1/20/	10		that ir (m) (aur) ap	nnion death accur	rred an the date and		
detached fate Dept.		DYATURE	Mune	man	M	ATTENDII PHYSICI	NG MEDICA	AL STAFF DR PHYSICIAN	220 DATE	8/8/
ould be		224 PHYSICIAN SM	D. D. Z.	MER	MAM	200	HOSPIT	on DR.	GBZ	1061
43 3		BURIAL, CREMATION,				METERY OR CREMAT	ORY 234 LO	CATION	COLINITY	Carolina
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OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 2120	The law requires that the death certificate be executed within 24 hours after death. Page 4 mi
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I DECEASED NAME MONTH YEAR 2h HOUR (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR SEX 4. RACE 5 DATE OF BIRTH MONTH YEAR 09 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED TO DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE! MYSTRY INC & ly filled in by the shauld be filed USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 QUINTY 13a STATE 13d INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP-CODE angens 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME and exoun 12 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMAN ADDRESS Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART). DEATH WAS CAUSED BY: removal IMMEDIATE CAUSE (0 candiovascular disease 10 yrs Conditions, if ony, which gove rise to immediate ather cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last la burial, cr PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71h TIME OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE STREET (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the sow the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE MGNE ATTENDING A MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN I 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 236 DATE

20a AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED

25 REGISTRAR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

NO [

DHMH - 16 50M 4/83 (VRA 15, 4)

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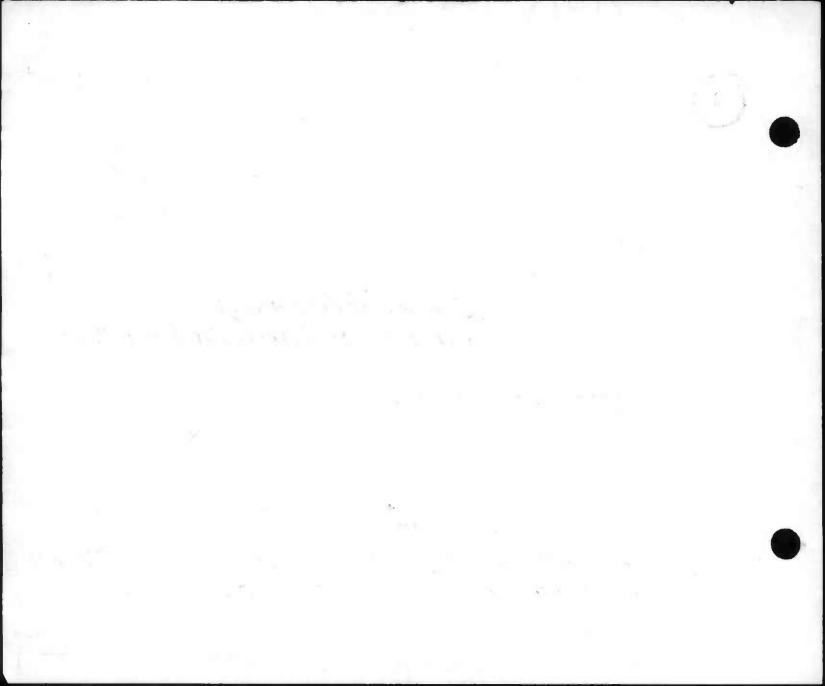
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should be deta with the State (FUNERAL

19a DATE OF OPERATION

24 JUNERAL DIRECTOR

71a. ACCIDENT WAS UNDERLYING



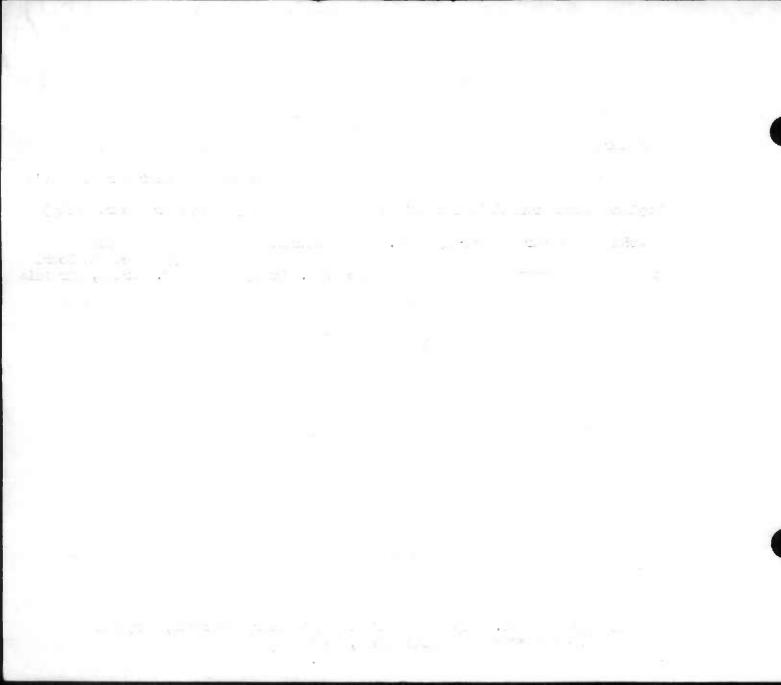
1	FOR STATE
٠	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	' `	REGISTRAR		CERTIFICATE OF DEATH			REG. NO.			
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MON	ITH DAY YEAR	26 HOUR		
0	(TYPE	Joh.	A/ EDWARD	m	urphy	9	5 84	2:15 6		
	3. SE		4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR			
-		MALE	W	MONT	- 3 -16	68	YRS MONTHS DAYS	HOURS		
4/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B	D A NEVER MARRIED	9. BALTIMORE CITY OR CO				
20		New York	US	WIDOW		ANNE AT	undel			
3/1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATION	12b, KIND C	OF BUSINESS		
	1	ENNapolis	IANNE Aru	LNde	GeN.	Deputy Admini		US Gov		
126	USU 130	AL RESIDENCE F NURSING HOME OF TATE 136 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	P CODE			
			Arundel Davidson		YES NO 🔀	703 Gettysbu		21053		
Page 1	14. F/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	1AS	ST		
S. C.			ward Murphy	Sr.	Theresa	3.	Cox			
Dico /		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17 INFORMANT	ADDRES 39	944 Woodhue	e Cour		
E		0 *-	074/67	1476	Thomas D. Mur		. Vernon.	Virgi		
t, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or					KIMATE INTERVA LONSET AND DE		
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ti d			DUE TO, OR AS A CONSEOU	IENCE OF						
20		Conditions, if ony, which	(1b) H4/	ETTE	NSION					
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10		underlying couse lost.	(c)							
2	١,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART II	a		
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6	\S S S	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	. /	,	200 AUTOPSY? 201	B IF YES, WERE FINDIF CERTIFYING CAUSES	NGS USED 5 OF DEATH?		
24	ΙĒ	1/3/01	(erenral	Het	10 rrhage	YES NO	YES 🗌	NO []		
=4		218, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR	TIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)			
1/	(EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19	1					
0	₩ ₩	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
orke o	-	AT WORK AT WORK		6.47	1 3 64	- Ch . 7 - 2				
Ē		22a I certify that (I) (this hosp sow the deceased alive or	oital) attended the deceased from.	64	190			that (I) (we)		
64 E	1	above, (I) (we) (did) (did n	ot) view the body offer death			death occurred on the date of				
1		22b. SIGNATURE	1 1	10	DEGREE ATTENDING	MEDICAL _ STAFF	01	SIGNED		
2	1	down le	esure P	10	PHYSICIAN	DIRECTOR PHYSICIAN)/0/		
4 /	16	224 PHYSICIAN'S NAME (TYPE	ORPRINT)		22e ADDRESS	1.1 .1 .				
3	L	JACK K				Ave Avvap	6/1 /			
-		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATI		
_		Burial/,	Sept. 7 1984 Ga	ate of	Heaven Cemet	tery Wheaton,	Maryland			
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DHMH - 16 50M 4/83 (VRA 15, 4)



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STATE OF MARYLAND

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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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3. SE		1. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IFUNDER I YEAR IF UNDER 24 HRS
	m 1 -	1.11	MONTH		15	MONTHS DAYS HOURS MIN.
	II Jair	white	Mar	ch 30,1919		RS.
	IRTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUNT	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COL	INITOFDEATH
Do	outh Carolina	USA	WIDOWE		Hnne Hr	undel Con Mo.
10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
14	nnapolis	The property	Aver	Q 11	Retired	Nacht Broker
USU	AL RESIDENCE (IF NURSING HOME OR		FORE ADMISSION)	14.6	111011155	
130	STATE 136 COUNT	()		13d INSIDE CITY UMITS?	13e STREET ADDRESS / ZIP	
14.5	ATHER'S NAME	M- IFINA	PAILS	YES NO NO NO NA	Danny	Ivenue 21403
1	FIRST	IPDLE LAST		FIRST	WIDDLE	LAS
11	awrence t	1 Newar	·K·Sr	Mary	Fllen	Oursler
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDRESS	Same as
,	les www	17 019-01	-9319	Cecelia	BNewark	#13
	18 CAUSE OF DEATH (Enter only	vine cruse per line for (n) (b)	nndicia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CAUSED	BY:		Las On a + 1.	0	1-1
	IMMEDIATE	CAUSE (a)	calm	The second	000	G (CG) 2
		DUE TO, OR AS A CONSE	OUENCE OF		4	.0
	Conditions, if any, which	(b) Curwin	whe	. ecudiwan	rou deiler	3 4/41
	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF			,
	underlying couse lost.	(c)				
_	PART 2 OTHER SIGNIFICANT C					GIVEN IN PART 110
0 N	Comical	. April cond	degenin	ation, part-4	constre	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED
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1 🖁	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
	OR CONTRIBUTING CAUSE OF DEAL					
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MEDICAL		(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK					
	22a.1 certify that (1) his haspit		3m	Scot. 1977		, 19, tho(1) (we) lost
	saw the decease plive an above (1) we) (did) (did not) view the body after death.	934,0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
1	226 SIGNATURE			DEGREE		22c. DATE SIGNED
	Alumba	dum	a.s	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/19/84
	22d. PHYSICAN'S NAME (TYPE OF	(PRINT)		22e ADDRESS	DIRECTOR THISICIAN E	1 1. 1
1	T. 6. 1 11	1	1	111.16	.0 . ()+	Luc um - d
	JOUN F. HE	seman III	100	11401100ES	1 Urive Hono	apolls, 11111, 21401
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITYORTOWN	OUNITY
1	remation	Dept 19, 1984	Ceda	r Hill	Duitland	LC WD
24 €	UNERAL DIRECTOR	1 000	55	25a DA	TE REC'D. BY REGISTRAR 25% RE	GISTRAR'S SIGNATURE AND
TI	autortunera	1 Chapel-Ar	napoli	is, mu SE	P 2 4 1984	O Com I Many

DHMH - 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

the stage of the s

campletely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 haurs ofter death

STATE OF MARYLAND

4	REG.	NO.	3	4	2	E	
25	DEATH	MONTH	DAY	VEAR		1 NOUR	

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL F	HYGIENE	REG. NO	2 3	. 6	EDT
	CEASED NAME	FIRS1	٨	WIDDLE	, Li	AST	20. D	ATE OF DEATH	MONTH DAY	YEAR	2b HOUR
[119]	OR PRINT)	CATHER	INE	L	OMAL	LEY		SEPTEM	BER 24,	1984	0757 P
3. SE	X	4.8	ACE		5. DATE C		6 AG	E (IN YEARS LAST BIR		UNDER I YEAR	IF INDER 24 HRS
	female		whit	е	Oct		7	6	YRS	VIIIS	HOURS MIN.
	RTHPLACE (STATE ORFO COUNTRY) Baltimore		U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BA	ANNE	R COUNTY O		TY MD.
10 C	GLEN BURN		NAME OF H	OSPITAL, NURSIN HEACHTY GIVESTREET THE ARUNDE	-	OR OTHER INSTITUTION		ISUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	ehold
13a_	AL RESIDENCE (IF NURSI STATE Md.	13b COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Oden to	N	13d. INSIDE CITY LIMITS YES NO 🔀	11	REET ADDRESS / 97 Wine	zip code er Rd	211	13
14_F	John	MIDE	DIE	. Hann		15. MOTHER'S MAIDEN FIRST Margare		Elean		Disi	
	WAS DECEASED EVER I YES, NO OR UNKNOWN)	N U.S. ARMEI (# YES, GIVE W/	AR OR DATES)	166 SOCIAL SECU 214-54-		Murray I	0.0'	Malley		ıs 13	е.
	18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse (o), stofing underlying couse	AS CAUSED B IMMEDIATE C which lediote	Y: AUSE (o) DUE TO, OI	R AS A CONSEQUE	ence of	hence Len	llul:	en		y ce	WATE INTERVAL ONSET AND DEATH
NO	PART 2. OTHER SIGN	IFICANT CON	iditions co	. /	DEATH BUT	NOT RELATED TO THE T	ERMINAL	DISEASE OR CON	DITION GIVEN	IN PART I	3,
CERTIFICATION	19a DATE OF OPERAT	DATE OF OPERATION 196. CONDITION FOR WHICH OF		OPERATION WAS PERFORMED			IN CERTIFY		, WERE FINDINGS USED YING CAUSES OF DEATH?		
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH D	AY YEAR	216. HOW INJURY OCC	CURRED (ENTER NATURE OF INJUI	RY IN IIEM 18 PART	I (OR PART 2)	
MEDICAL	216. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ALE T	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on	9/11	192	4 .01	nd that in (my) (mur) opin	ion death	occurred on the de	ote and hour a		that (I) (we) lost couses stated
	22b. SIGNATURE	rel B	here	C .	mn	DEGREE ATTENDIN PHYSICIAI		DICAL STAI		Oy S	26/74
1	224 PHYSIC AN'S NA	ME (TYPE OR PR	INT}			22e ADDRESS	8 EV	ERGREEN	ROAD	7	/ /

23c NAME OF CEMETERY OR CREMATORY

Nichols

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

MPORTANT: If Hem 21 is marked or Hem 18 sh

230 BURIAL, CREMATION, REMOVAL Burial

HomeAnn. Md. 21401 Hardesty Funeral

9/27/84

23b DATE

Com.Odenton, A. A. Co.Md. Bethel

REGISTRAR 256 REGISTRAR'S SIGNATURE

the state of the lines are the state of

TO THE PRODUCT TARGET BETWEEN THE PETER

FOR n and campletely filled Pages 1 and 2 should

injury, or other troum

and Mental Hygiene priar to burial, crer burial-transit permit. The

certificate has bee

orked or Item 18 shows any

IMPORTANT: If Item 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	å me	
1	DECEASED NAME FIRST	MIDD	LE .	L	AST			AY YEAR	26. HOUR
1	ANTHONY	FRAN	CIS OS	SSOLI	NSKI, SR.	Septembe	r 23,	1984	M
3	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		June		73	YRS	NONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	U.S.A.		MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O Anne A	_		MD
G	len Burnie	113 Wi	CILITY, GIVE STREET AD	d. S	ROTHER INSTITUTION	Plectopic Developer	ON F WORKING LIFE	INDUSTRY	nghouse
13 M	aryland Arund	TY Anne 130	e residence before a City or town Clen Burt	. 1	13d Inside City Limits? Yes		ilson	Blvd.	21061
	Leopold	Ossol			15 MOTHER'S MAIDEN NAM FIRST Antonina	MIDDLE		Gasec	
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SOCIAL SECUR 26–10–78		Mrs. Kasmyra		S	ame as # 13	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	A CONSEQUEN	zcil	www.tosis				
N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	dition give	EN IN PART 1(c	o,
CEPTIEICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		, WERE FINDIN YING CAUSES	
	OR COLUMNIA CALLER OF BELL	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FAR	RM, ETC]	211. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	220.1 certify that (1) (this hospit sow the deceased alive an abave, (1) (we) (did) (did not	Lest !	22 190		d that in (my) (our) apinion of	to for the de	22 1 ote and have	and from the	
	22b. SIGNATURE	10		[DEGREE	MEDICAL STATE	_	22t. DATE	SIGNED
	Kobsel	Jalos	ciny	MIX	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		9-2	4-84
	Dr. Robert Dab				400 Crain Hi	ghway, Gle	n Burr	nie, Md	. 21061

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health BP

DHMH-16 50M 7/77 (VRA 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

September

231 NAME OF CEMETERY OR CREMATORY
Glen Haven MemorialPk

23d. LOCATION

COUNTY

STATE

Glen Burnie, A.A.

Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEP 2 5 1884 Juna Dandon Mandale

Singleton Funeral Glen Burnie, Md

Des Sagnification Filling Schools

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical economic and the medical economic events are made in the medical economic events.

page 3

STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
CE	RTIFICATE	OF DEAT	H 🔾

-1	1 -	STATE		DEPARTMENT OF H	EALTH AND MENTAL HYG	iene 2	3 - 2	9
1		REGISTRAR	5-J. I.	CERTIF	ICATE OF DEATH	REG. NO.		
ľ		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	TIANE	OR PRINT)	= 5 E.	C	WELLS, Sr.	September 19,	1984	8 22 M
1	3. SE>		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	TALE	Caucasian		mber 9, 1907	76 YRS	Months Daily	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	1 - 1
/	Was	shington, DC	USA	MARRIE	25	ANNE ARUND	EL Co	MD.
	_	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
3	AN	UNADOLIS	ANNE AT	ITY, GIVE STREET ADDRESS!	NEXAL HOSPITA	Superintente		e]
	USU/	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION GIVE R	ESIDENCE BEFORE ADMISSION)				
>				ofton	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO		21114
	-	THER'S NAME			15. MOTHER'S MAIDEN NAM	ΛE		1.1.14
2		James Fr	anklin	Owens	Annie	Lavinia	The	mas
Н	lán V	VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT			
		YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	77-01-8863	James E. Owe	ne In Crofte	t. Airy	and 21114
	-		0		Oddies II. Owe.	ns, or , crorec	II MELLYI	MAII WAII WAI
		11. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D-BY	Budlaco	10 souls	Les 1. 1. 1	7 2	AL CONTRACTOR A
		IMMEDIA.	re CAUSE (a)	crucio -	Local Land	The wi-	, 0	-170110100
			DUE TO, OR AS A	CONSEQUENCE OF	1 mitteet	Maria-	3 1 2 -	
		Conditions, if ony, which gove rise to immediate	(4)	MA	, mayor	v-rs,		
	53	couse (a), stating the underlying couse lost	DUE TO, OR AS	CONSEQUENCE OF	rhodan.	ohis lama Di	! U	0001
			(0)	nem	sory rue	our rungers	No.	
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	a.
	MEDICAL CERTIFICATION	190. DATE OF OPERATION	101 CONDITION	FOR WHICH OPERATIO	NI WAS DEBEORATED	20g AUTOPSY? 20b. IF	YES, WERE FINDI	ACE HEED
-	FICA	196. DATE OF OPERATION	178. CONDITION	TOR WHICH OFERALIC	IN WAS PERI ORMED	INCER	TIFYING CAUSES	OF DEATH?
	RTI	an accompany was undergoing. F	21b. TIME OF INJ	INDV	Tal. How is then occupa	YES NO.	YES	NO 🗌
4	Ü	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PARTI OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
	AED	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAFE
	<	AT WORK NOT WHILE AT WORK		C -	41A C4	C 1/C	Ore o	
		22a.1 certify that (I) (1	otte de he dec	egsed from	190	, to defa	. 19.	that (1) (ne)d ast
		sow the deceased alive on above, (1) ((did) (did)	t) view the body after	19 84 , o	nd that in (my) (pointon o	deoth occurred on the date and I	nour and from the	couses stated
		20 SIGNATURE	1. 0		DEGREE		221 DATE	SIGNED CI
		jan M. K	1chrels	m. M.D.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9-	17-87
		74 PHYSICHA'S NAME (TYPE	O OF (NT)	1	22e ADDRESS	01 1	1	1
	1	TANN M.	KichAN.	I SON.MD	104 trops	es) theet	HNNY	Applis And
۲	23n F	SURIAL, CREMATION, REMOVAL	123h DATE	25¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	70/13/ 40
	(SPECIFY) Burial	Septembe	r	eek Cemetery	CITY OR TOWN	COUNTY	STATE
	24 FL	JNERAL DIRECTOR K	1/162	3 6000 A	TOTAL DE ISE DAS	FARGOD, BY REGISTRAR 256, REG	ngton, I	TURE
		NAME SCOOL	M. Mairo			EP 2 4 1984	12 Lividson	- hander
y	Re	all Funeral Hom	e	Bowie, MD	20715		,	

retained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

in. i.e. orener 9, 1,01 10 Sendington, DO In the Commence of the Commence frac and under the management of the contract Attle two gris and look a color bank and bushing Jones Freddin Ovens and: Excisio Found The transfer of the state of th The state of the state of The same of he of a setting bloom for his for a garage Elight ook Crock detector Mountainton, IC LELL merel Hord Fowie, we fold:

5		FOR STATE REGISTRAR
	-	1. DECEASED NAME

7a. BIRTHPLACE

13a. STATE

CERTIFICATION

MEDICAL

COUNTRY)

. SEX

emale

STATE OF MARYLAND CE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO		
Parkes	September	DAY YEAR 16, 1984	26 HOURS
DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
December 1, 1890	YRS	MONTHS DAYS	HOURS MIN
MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY		
			A.

12a USUAL OCCUPATION

	WIDOWED	DIV
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF OTHER I	NSTIT
annonis	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	-

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

Deneral anne ununaer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE TOWMOU MIDDLE

INDUSTRY

	Leo	MIDDLE	1
160	WAS DECEASED EVER	IN U.S. ARMED FORCES?	ī
	(YES, NO OFFUSIKNOWN)	(IF YES, GIVE WAR OR DATES)	١.

I STANE OR FOREIGN

FIRST

4 RACE

17 INEORMAN

126 KIND OF BUSINESS OR

Condi	tions,	if	ony,	which
gave	rise	to	imm	ediate
couse	101,		stating	g the

underlying couse

18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o

RELATED TO THE TERMINAL DISEASE OR CONDITION PART 2 OTHER SIGNIFICANT CONDITIONS

9a DATE OF OPERATION	1 196 CONDITION FOR WHICH OPER	AI
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	(EA
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ET	ic)

VHICH OPERATION WAS PERFORMED 28m AUTOPSY? NOF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO |

210. ACCIDENT WAS UNDERLYING	216. TIME
OR CONTRIBUTING CAUSE OF DEATH	HOUR
(IF EITHER NOTIFY MEDICAL EXAMINER)	
21d INJURY OCCURRED	71e PLAC

H DAY YEAR 19

21f LOCATION COUNTY CITY OF TOWN STREET

STATE

22a	1 certify	that (I)	d alive an	المطامة	ended	the dec	eased fro	m_
	saw the	decease	d olive on	7	-/	0		Y _
	above, (I) (d	id) (di	w view	the boo	ly ofter	death.	

DEGREE ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

1	2/1 PH	IVSICA	NISI	JAAAF	TYPE OR P
1	-	131417		ALCOUR.	TITL COL
ł	1			M	9 3 -
П	-	100		1111	1/

22e ADDRESS

and that in (my) (to printed and the date and hour and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

Surial-transit permit. | Mental Hygiene priar

should be detached with the State Dept.

FUNERAL

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Ö

marked

MPORTANT: IF



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remayal.

for death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

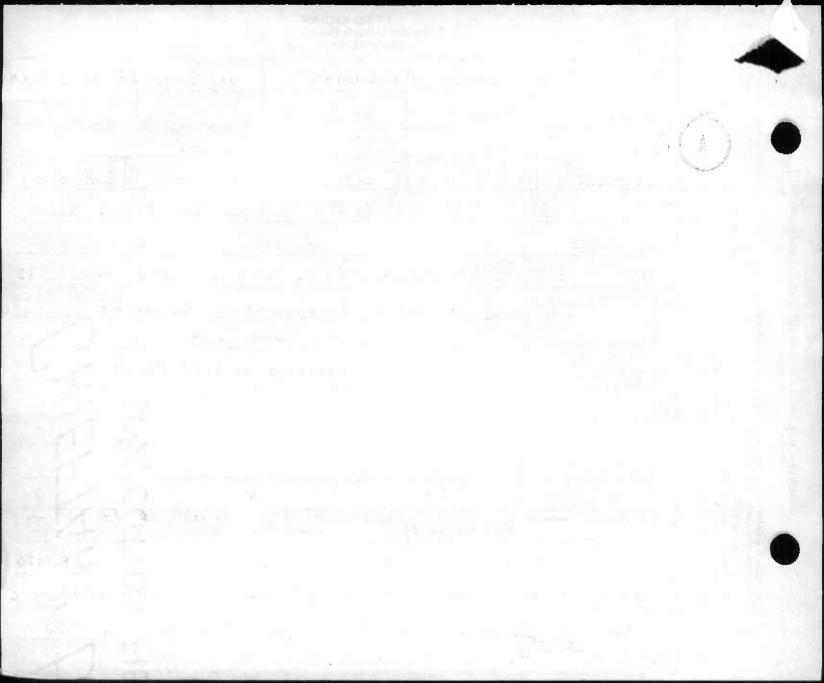
3 2

4	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3		
		CEASED NAME FIRST	IE Barbara PARLAMAN			SEPTEMBER 28 84 5:55Am			
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE		
		female	white	Ma	ir 1 ^o 2, 1 ^o 9 ^o 26	58	YRS.	TS HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT USA	RY? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.	
()()		llersville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) 8133 FOXV	RSING HOME C TREET ADDRESS)	or other institution ad	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF housewif	F WORKING LIFE) INDUST	n home	
36		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN AA	NOTHER INSTITUTION, GIVE RESIDENCE BY MICH I I	pefore admission) TOWN Prsvill	13d. INSIDE CITY LIMITS?	8131 Fox	well Rd.	21108	
020		ATHER'S NAME Alexander	MIDDLE Stefans		15. MOTHER'S MAIDEN NA Michael	ine	Kowalsk	LAST	
	16a. V		VE WAR OR DATES	6/1265	Paul E. Pa	· ADDRE	ısband) sa		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for tal, (b ED BY; TE CAUSE (a) ADV	ANCED	BRONCHO	GENIC CA	ACINO UA	ROXIMAYE INTERVAT EN ONSET AND DEATH	
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		EQUENCE OF		10 LEFT		110	
99	CERTIFICATION	HYPER CA				20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU		
9		210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)	
ם ס	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 210. PLACE OF INJURY LAT HOME. STREET, FACTORY, OFFICE, FARM, ETC.							
V1		220.1 certify that (1) (this hespital) attended the deceased from SEPTEMBER 4, 1984, to SEPTEMBER 28, 1984, that (f) (wetlast saw the deceased alive an SEPTEMBER 22, 1984, and that in (my) (we) apinion death occurred on the date and hour and from the causes stated above, (f) (we) (shield (did not) view the body after death.							
. H		22h SIGNATURE	Potarangelo	M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		- 28 - 1984	
MPOKIANI: if ifem 2		10 SEPH D.		ELO M.D	270. ADDRESS 301 ST. PA			Mp 21202	
\$	E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 Oct 1984		EMETERY OR CREMATORY r Hill Cem.	23d. LOCATION CITY OF TOWN Brookly		MD	
82		ing Teton Fune	eral Home, "G"	len Bu		TE REC'D. BY REGISTRAR	2 2 2 2	NATURE Armstales	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.



STATE OF MARYLAND

FOR

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

á ý	REG. NO.	3	- 4	3	ED	Т		
ATE OF DE	ATH MO		DAY	YEAR	2b. HOL	JR		
SEPTE	MBER	12,	198	34	130	PM		
E (IN YEARS	LAST BIRTHD	AY)	IF UNDE	RIYEAR	IF UNDER	IF UNDER 24 HRS		
70		YRS	MÖNTHS	DATS	HOURS	MINL		
ANNE					27	150		
1 (11111)	14401	UZLIL	CICIC	7147 1		ME		
SUAL OC	CUPATION		126.	KINDO	F BUSIN	ESSOR		

Md. Casualty

21204

Fisher

COUNTY

22c. DATEISIGNED

STATE

LAST

REGISTRAR DECEASED NAME FIRST 2a D. CARROLL TYPE OR PRINT! PEARCE Lerov 4 RACE 6. AG 3. SEX 5 DATE OF BIRTH MONTH DAY YEAR 1914 White July 1 Male RTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BA MARRIED NEVER MARRIED U.S.A WIDOWED DIVORCED Maryland CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. l (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Insurance DUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

136. COUNTY

136. CITY OR TOWN III STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Towson YES [NO T 43 Acorn Circle Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Pearce Marion Carrie 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. 1304 Ashburton Court (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (Daughter) Millersville. No /10/3485A 18. CAUSE OF DEATH (Enter only one cause per line for (a), 1b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET I AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on abave, (1) (we) (did) (did not) view the body after dedth and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN OAKWOOD ROAD, 22e ADDRESS CIENI DIIDNITE MADVIAND

			GLEN BURN	IE, MARYLAND	21061
Burial, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMET	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	CO
	Sept. 15, 198	4 Glen Hav	en Mem. Pr	k Glen Burn	ie A
Singleton Funera			25a. DATE	REC'D. BY REGISTRAR 256	REGISTRAR

DHMH - 16 50M 4/B3 (VRA 15, 4)

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ORT

Maria Maria en , a recommendation and a series THE LUCIOUS FRONT STORAGE AND ADMINISTRA

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, or other troumotic event, the medical exp

director, page 3

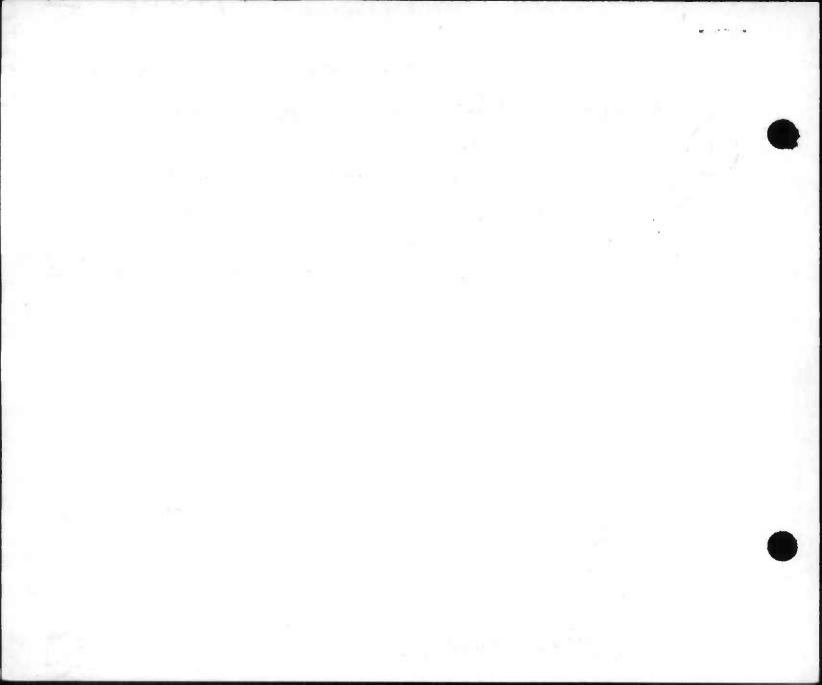
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ı	1-	STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	O.	
		EASED NAME FIRS	Lynne	Elizabeth	Pearson Parson	Septemb		26 HOUR 25 P
	3. SEX	Female	1 RACE W	nite S. DATE OF DEC	47 . 17 40		YRS. MONTHS DAYS	HOURS MINL
1		THPLACE STATE OR FOREIGH	7b. CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Ц		w York	U.S.			Anne A		MD.
1	10 CI1	Y OR TOWN OF DEATH		HOSPITAL, NURSING HOME (H FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST O		OF BUSINESS OR
2	Ar	napolis	A.A.	Co. Gen Hos		Homemake	r Own	Home
	13a S		OME OR OTHER INSTITUTION. COUNTY A.A.	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ANNAPOLIS	13d INSIDE CITY LIMITS? YES NO 💢	13eSTREET ADDRESS / 1179 Lati	zip code cobe Drive	21401
1	14_FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		
4		Edward	J.	Murphy	Miriam	MIDDLE	Jaec	jer
1		'AS DECEASED EVER IN U.:	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Same as
	(3)	No N	lone	214.50.9589	Robert D.	Pearson (Husband)	13
ı		18 CAUSE OF DEATH (Ent	ter only one couse per	fine for (g), (b), and (c).)	1. 0	1	APPRO: BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ı		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (0)	Metastar	tic Breast	- Cancer	ó	Lyears
ı			DUE TO, O	R AS A CONSEQUENCE OF				
1		Conditions, if ony, which						
ı		gove rise to immediate cause (a), stating the	TO DUE TO O	R AS A CONSEQUENCE OF				
		underlying couse los	(c)					
1	,	PART 2 OTHER SIGNIFICA	ant conditions <u>co</u>	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
4	CERTIFICATION					100	Ten is vec were snip	
1	Ā	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
4	E	4		F IN LITTUY	121. HOW MILLIPY OCCUPY	YES NO	YES	NO 🗌
à		210. ACCIDENT WAS UNDERLYING CAUSE		M. MONTH DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
E	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA			AN AGGATION			
ı	MED	21d INJURY OCCURRED	(AT HOME STE	E OF INJURY STREET, FACTORY, OFFICE FARM ETC.) 211 LOCATION STREET		CITY OR TO	WN COUNTY	STATE
ı		AT WORK AT WORK		9	124 54	9/12	2 84	
1		220 I certify that (1) this saw the deceased ali			nd that if (my) (our) apinion	death accurred on the de	ate and hour and from the	the (we) lost
1			id not view the body	alter death.	DEGREE	dedin occurred dir me de		SIGNED,
		EW	Colin	4	ATTENIDING	MEDICAL STAF		28/84
		EW (OLE II	2	51 FRAN	KLIN) ST	ANNAR	US Md
-	23a B	URIAL, CREMATION, REMO		23(NAME OF (CEMETERY OR CREMATORY	123d, LOCATION	. /	
	(1	Crematic		0,84 Securi	ty Proc≏ss	Catonsv	ille °Bält	ČM O
	24. FU	NERAL DIRECTOR	buma	n	25s, DAT		Tula Dav (asor	Contractions.
-1	Si	ngleton Fi	ineral H	Ome, Glen Bu	rnie, MD	73 1984		



STATE	OF	MARY	LAND
SIMIL	VI.	1415-441	PHILL

DEPAR

STATE OF MARKINAND						
RTMENT OF HEALTH AND MENTAL HYGIENE	day	4 3	3	4	3	
CERTIFICATE OF DEATH		(L. 149				
CERTIFICATE OF DEATH		REG, NO.				

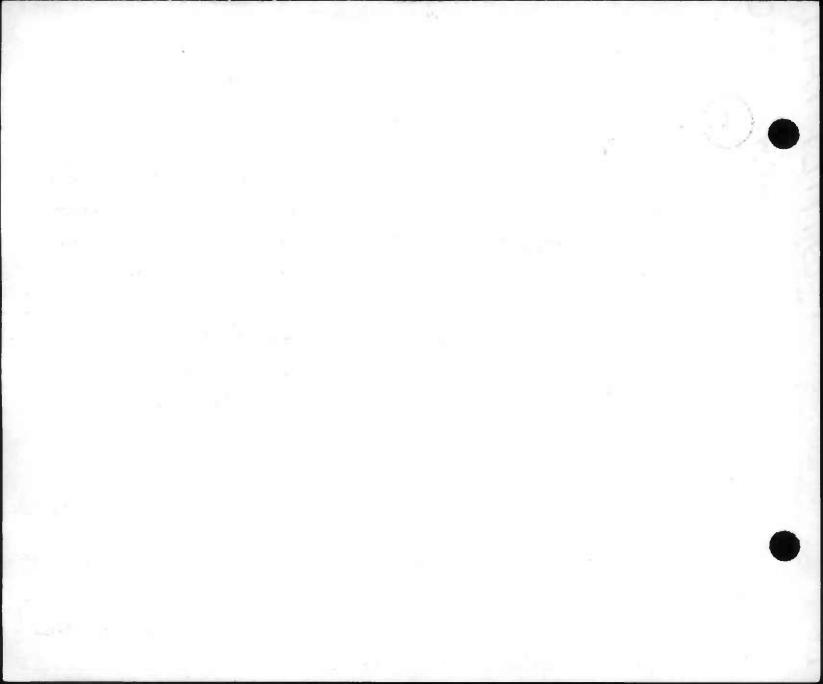
7	1.	FOR - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 %	5 -4
		CEASED NAME FIRST	MIDDLE	LAST	REG, NO. 26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYP)	Fran	K A. F	ellicat	Sept. 28, 19	184 B 30 pm
	3 SE			DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1		Male	White	May 18 1918	6 6 YRS	MONTHS DAYS HOURS MIN.
J	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
35	m	laryland		WIDOWED DIVORCED	Anne Arus	ndel MD.
8	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH EACHLITY, GIVE STREET ADI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR,
\$53	A	nnapolis	Anne Arunc	del Gen Hosp.	Owner-Operator	r Automotive
135	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN M.A. A		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD	Rd. 21037
nine	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	. / 149
\$20	F	rank All	bert rellico	t Ethel		Kansler
medico	16a V	WAS DECEASED EVER IN U.S. AR	F WAR OR DATES!		ADDRESS Sau	ne as
E		110 -	215-12-90'	76-A Norma 1	ellicot- =	比13
event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (b) BY:	^		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ofice			DUE TO, OR AS A CONSEQUEN	CE OF	1.1.	
E o c		Conditions, if ony, which gove rise to immediate	(b) BULAH	well certin	ul alistino	MON
r other t		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	BIOUASCULLUS	secident	
injury, o	NO NO	PART 2 OTHER SIGNIFICANT OF	ONDITIONS CONTINUE INC. TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART I I a
à a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS FERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
morked or Item 18 shows	E E				YES NO YE	S NO
8 0		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA] 21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
Fer /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	21f LOCATION		
ed or	ME	141.1	(AT HOME STREET, FACTORY OFFICE, FARI		CITY OR TOWN	COUNTY
nork		AT WORK AT WORK	tal) attended the desegred from	9/21 12/	(9/28	19 tho (I) we) lost
21 is r			1) view the body ofter death.	ond that in (my) (our) opinion	deoth occurred on the date and hou	
E		274 SIGNATURE	1) view the body offer death.	DEGREE		22c. DATE SIGNED
T: If He	Н	Meno	1 (Xorner	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	968/84
MPORTANT		1724 BHESICIAN'S NAME HATO	C. SAMARA	272 ADDRESS P	danles AIN	Anna mas
₹	73e. I	BURIAL CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d LOCATION	2/10/1
_	P	Su nia 1	Oct 1.1984 L	-a Kemont	Levid Sonville	AA MI
1/83	24 5	UNERAL DIRECTOR	A		TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE OF
	Tio	wor Funera	1 Chapel-Anna	colts MI) OCI	3 1984	

DHMH - 16 50M 4/83 (VRA 15, 4)

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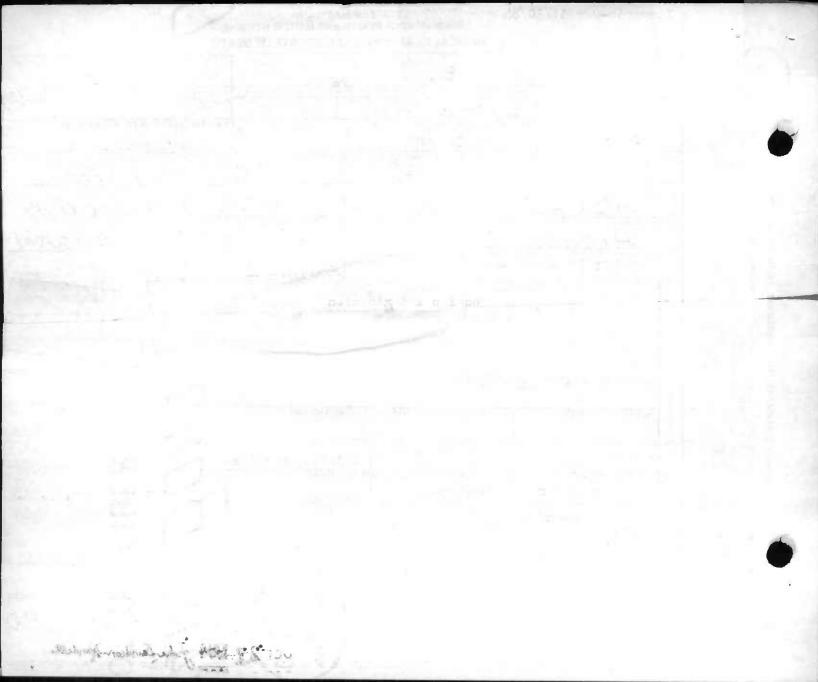
TO FUNERAL DIRECTOR, Affer this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or ottending physician.



DIVISION OF VITAL R. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RECESSARING.	NECESSA
EXECUTE THE CERTIFICATE, WRITING THE WORD "PI	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL D	RUNERA
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF !	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YO	5 FOR >
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED.	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 7	D, WITHIN
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON	W, PREST
BALTIANDE AAADVIAND 31301 DOLOD TO BLIDIAL CDEAAATION OF PEACOVAL	CDEANATION OR REMOVAL	Ġ

1		tems 18-22a 11/3	9/84 mtb F#597 STAT	TE OF MARYLAND HEALTH AND MENTAL I	HYGIENE 👙 🖫	
7.		STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE		633
1		CEASED NAME FIRST E OR PRINT)	WIDDIE	LAST	20 DATE KNOWN X MONTH	DAY YEAR 26 HOUR
7848E		Maure		Payton	DEATH MATED 0	22 19 84 M
OUR H	3. SEX	RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDA YEAR YEAR YEAR YEAR	Y) MONTHS DAYS HOURS	R 24 HRS 26. DATE MONTH PRONOUNCED DEAD 9	22 19 84 2d. HOUR 11:20
MERAN MATHIN MATHINA M		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR		TY OF DEATH
AY IS AY IS AGE 5 FILED		Glen Burnie	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK	OR INDUSTRY
CORDS,	USUA	L RESIDENCE (IF IN NURSING HOME OF	Holiday Inn #1 OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	DN)	SECRETARY	OFFICE
AND SHOULD RECOURS THE PAND SHOULD RECOURS THE PAND SHOULD BE SHOU	13a. S	MDIA	13c. CITY OR TOWN SEVERNA	YES NO NO	130. STREET ADDRESS PRESWI	CK WAY
SES 1, 25 EATH.	14. FA	THER'S NAME FRST ANDREL	W S. PETTO	15. MOTHER'S MAID	EN NAME MIDDLE	DUGAN
AFTER DE INE PAGE INE PAGE I FORM NGES 1 AF SION OF	16s. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? AR OR DATES). INL. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS ADDRESS	ABOUR
WITH DIVI		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)	IV TO DICE	10 10/100	APPROXIMATE INTERVAL
ENE RANGE		PART I DEATH WAS CAUSED	BY: Cocaine intoxi	cation		BETWEEN ONSET AND DEATH
THIN 24 IER ALO ANSIT PAL HYGI			DUE TO, OR AS A CONSEQUENCE O	OF .	-	
MER NEW YEAR		Conditions, if ony, which gave rise to immediate	(b)			
IN PENC EXAMIN RIAL - TR D MENT		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE C	DF		
BE EXECTION OF THE PROPERTY AS A BUF EALTH AND CREMATION OF THE PROPERTY AND THE PROPERTY OF T	Z	PART 2 OTHER SIGNIFICANT CONDITIONS C	DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	HAL DISEASE OR CONDITION GIVEN IN PA	ARE I (a)	
OM SARO -	¥.	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
天気エコロボー	TE					YES X NO [
	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EATH P.M. 9 22 1984	injected cos	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P.	ART 2)
ERTIFIC ING TH ED TO 3 SHOU EPART PRIOR	EDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	21f LOCATION		DUNTY STATE
WRIT WARDI WARDI PAGE TATE [×	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) Motel Room	Holiday Inn	, Route 40 Sevenrna	Park, A. A.
ATE, T ORW JR: P TE ST VD, 2		22a I certify that I took in trail	of the remains distribed above, held an	Autapsy X . Inspection	an . Inquiry . and in my a	pinion
RECTOR ITH THE THE RECTOR ITH THE THE RECTOR ITH THE THE THE THE THE THE THE THE THE T		death resulted from Hutor	al courses 🖾 / Recigion 🔲 , Sui	icide , Hamicide .	Undetermined monner .	
X832≥≥		ACTUAL SIGNATURE	word lund	TITLE (SPECIFY) Deputy Ch	iefmedical examiner DATE	
NER STATE		EXAMINER'S NAME				
MECUTE THE CAGE 4 SHOULD FUNERAL FIRE DEATH, ALTIMORE, A		(TYPE OR PRINT)TNOME	as D. Smith, M.D.	ADDRESS11		,MD.
DD - 4 D	234.B	BIA CEMATION, REMOVAL 23	9-25-84 CORLA	METERY OR CREMATORY	23d. LOCATION COL	INTY A STATEMA
888	24. F	HERAL DIRECTOR	ADDRESS D	25a. DATE	REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
(VR A15 ME (5)) 20M 4/82	1	Mul A. K	manso seve	ma M. SET	July grandon	Montene



BP

DHMH - 17 (VR A15 ME (5) 20M 4/B2

	FOR 1 - STATE REGISTRAR			STATE DEPARTMENT OF HEADICAL EXAMINER		MENTAL H	3	_ / .	, NO.	3	6	
	1. DECEASED NAME (TYPE OR PRINT)	Cheste	er Jo	oseph	Pinkney	r		26 DATE KNOWN OF ESTI- DEATH MATED	4	DAY 3/84 19		26 HOUR
	3 SEX Male	Black	5. DATE OF BIRTH	1964 20 yrs.	IF UNDER 1 YR		MIN.	2c. DATE PRONOUNCED DEAD	9/28	B/84 19	YEAR	P M
1	FOREIGN COUNTRY)	Md. /	76. CITIZEN OF WHA	/	MARRIED KN	DIVORCE	ED .	Anne Arun	ndel Co	ounty		MD.
	Ft. Mea	ade	Kinbrough	PITAL, NURSING HOME, OF CHITY, GIVE STREET ADDRESS) 1. ATTITY COMM.	Hospita		FOR W	JAL OCCUPATION MOST OF WORKING LIFE) 1ent Fin		OR II	INDUSTR'	
	USUAL RESIDENCE 130. STATE Md.	HI3N COUNT		13c. CITY OR TOWN Landover				eet address 310 Land	over	70 Rd.	178	3
0	14 FATHER'S NAME Charle	_	J.	Ŝmith	T I	HER'S MAIDE FIRST Mary	N NAME	MIDDLE		Pink		7
)	160. WAS DECEASED (YES, NO, OR UNKNO NO	ED EVER IN U.S. ARM OWN) (IF YES, GIVE W	MED FORCES? WAR OR DATES)	579-88-196	. 20		Pin	ADDRI nkney-Sal	ESS			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound Chest								ROXIMATE I	INTERVAL I AND GEATH		
	gave ris	ons, if any, which rise to immediate b) stating the <u>under-</u> suse lost.	(b)	AS A CONSEQUENCE OF								

18h CONDITION FOR WHICH

220. I certify that I took charge of the remains described obove, held an

VAS PERFORMED?	20 AUTOPSY?
	YES 🛣

210 EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

MEDICAL CERTIFICATION

HOUR A.M. MONTH DAY 9/28/19 84 STREET, FACTORY, FARM, ETC.

firehouse

21b. TIME OF INJURY

subject shot 21f. LOCATION

COUNTY

denton	Volunteer	Fire	Dept.	Rt.	178	, Anne
tonsy 📆	Inspection	Inquiry	Arunc	el Co).,	Ma.

	11/11/1	
ACTUAL SIGNATURE	XHG	_
PROMETTINE -	VA	_

Homicide X Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER

DATE SIGNED.	9/	29	184
0.0			

NO [

STATE

EXAMINER'S NAME (TYPE OR PRINT)

BURIAL CREMATION, REMOVAL

death resulted from:

AT WORK

Kauffman, M.D.

Penn St. 23d. LOCATION

24 FUNERAL DIRECTOR

FARK

HIGHLAND

4.5. INASHINATON + SONS 4925 BURROUGH AME. N.

TANKE BURNES

ALTERNACIONE DE LA COMPANION D

224

avada fil u na proposanti s . livani i garg-ne-m

A. .

A Tomora and an

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

natified

must be r

injury, ar ather traumatic event, the medical examiner

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

1	
1	
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V	

Page 4 may be

executed within 24 haurs after death.

requires that the death certificate be

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

etained by the hospital or attending physician

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	- 2	
2.00	3	-
g. 149	-	

3

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME OR PRINT)	EROY	K	AHODE.	L	OLLOCK	20 DATE OF DEATH	9 D	84	121 PM
3 SE	nale_		Carr	1 asian	5. DATE C		6 AGE (IN YEARS LAST E	SIRTHDAY) IF U	NDFR I YEAR	IF UNDER 24 HRS HOURS MIN.
a BI	RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY ANNE ARU	OR COUNTY OF	DEATH DUNTY	MD.
10. CI	nnapoli 5	ATH O		HEACILITY, GIVE STREET		Gen.	126 USUAL OCCUPA			BUSINESS OR NTERPRIS
	AL RESIDENCE (# NURS	13b. COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	Rd	2145
4 FA	LOUIS		MIDDLE POL	LOCK		SARAH	H. MIDDLE		Y O·U	NG
- 0	VAS DECEASED EVER YES NO OR UNKNOWN)		E WAR OR DATES)	215 03 3	167	17. INFORMANT KAREN MOR	ELAND 16	SILVER	JOOD	CIRLE
•	18. CAUSE OF DEAT PART I. DEATH W Conditions, if any, gave rise to imm couse (o), statin underlying couse	AS CAUSE IMMEDIA , which nediate ig the	D BY: E CAUSE (o) DUE TO, O	RAS A CONSEQUE	ENCE OF	Myocardial ry arten rel ather	Infun diseas	non e	7	AATE HITEVAL NSET AND DEATH
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	En TION FOR WHICK	ohy	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	ERE FINDING G CAUSES C	GS USED
MEDICAL CE	210, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE (IF IND) WAS ALLOWED ALLOW	CAUSE OF DEA	21e PLACE	m. month da m.	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.		OR PART 2)	STATE
	27a.l certify that (I) sa about (I) 100 (27b SIGN) 114		116	ofter death	, or	DEGREE ATTENDING PHYSICIAN E	MEDICAL ST	AFF	d from the co	
	BURIAL, CREMATION,		236. DATE 9-13-		CRES	EMETERY OR CREMATERY T MAUSOLEUM	ANNÄPÖL	IS A.A.	ëÖ.Ma	aryland
	OBERT E.	EVAN	IS 1212	WESTS	т. А	NNAPOLSEP 1	E REC'D BY REGISTRA	R 256 REGISTRAR	Mayor	£

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

portos.

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- X

W. 5.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICAIE OF DEATH		REG. N	10.				
		Aul		WIDDLE		-	2a DATE	OF DEATH	момтн	DAY 17	YEAR 84	2b. HOL	IR M
					5. DATE O	OF BIRTH	6. AGE (III	Y YEARS LAST BI		MONTHS		IF UNDER	24 HRS.
	COUNTRY)	FOREIGN]							OR COUN	ITY OF DE			ME
		ATH I	(IF NOT IN SUC	H FACILITY, GIVE STREET A	(DDRESS)							F BUSINI	SS OR
13a. S	TATE	13P CON	TY	13c CITY OR TOWN	V	13d. INSIDE CITY LIMITS? YES NO	13e.STREET			DDE 21	401		
TOTAL STATE TOTAL STATE													
160 W	VAS DECEASED EVER			16b. SOCIAL SECUI	RITY NO.		Ann: Porter	apol P6 1440	Log	Inn l	Rd.		
		AS CAUSED	BY:	line far (a) (b), and	1(cu)	Careca !					APPROXI BETWEEN	MATE INTE	DEATH
FICATION							20a AU	TOPSY?	20b. IF Y	YES, WER	E FINDIN	NGS USE OF DEA	TH?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FIC.)					21f LOCATION		NATURE OF INJU	URY IN ITEM I	IS PART I OR			
	22a. I certify that (I) saw the occase above, (I) we) (this hospit			1		n death occur	red on the c	date and h				we) last ated
	224 PHYSICIAN'S N	AME (TYPE OR	PRINT)	lin	A	1 1	MEDICA	R PHYSI	AFF ICIAN [An	9/2 NA	P0/8	4
.0	BURIAL, CREMATION,	REMOVAL	23b. DATE 9-20-19	23c N		EMETERY OR CREMATORY BROADNECK CE	C	CATION ITY OR TOWN	roar	cour	NTY A A	M	STATE
24 FU	UNERAL DIRECTOR	SE &		rid. Zia	.A.	25a. D	ATE REC'D. BY		R 256, REG	ISTRAR'S	SIĞNÂ	URE Adapte	ne.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral dishauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 her with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be parified of ance

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

retained by the hospital ar attending physician.

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death certificate be executed within 24 hours afti

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital ar attending physicion.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4.1

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REG. 1	NO.			
OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	9-	16	-841	11.83

1	' -	REGISTRAR				CERTIF	ICATE O	FDEATH		REG	NO.		
Î		CEASED NAME	IRST	-amil	MIDDLE	1. 1	BWE			20 DATE OF DEATH	7 -	DAY YEAR	26. HOUR 23
	3. SEX	M	-//\	RACE)	5. DATE (1-0 PAR		6. AGE (IN YEARS LAST	BIRTHDAY)	IE UNDER I YEAR	
-		CTHPLACE (STATE OR FORE	IGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8	D 🛣 NEVE	RMARRIED		9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
1		Maryland		USA		WIDOWE	D 🔲	DIVORCED		Anne A			MD.
3		IY OR TOWN OF DEATH		(IE NOT IN SUC	HEACILITY, GIVE	JRSING HOME (STREET ADDRESS) Genera			1	12a. USUAL OCCUP (TYPE OF WORK FOR MO Labor	ST OF WORKIN		OF BUSINESS OR
5	13a. S		b. COUNT	Y	13c. CITY OR		13d INSIDI	E CITY LIMIT	rs?	13e STREET ADDRES	S / ZIP CO P.O.	Box 44	20869
		THER'S NAME John	M	IDDLE	Powel	lı		R'S MAIDEI nnie	NAM	MIDDLI	Ē	Coate	AST PS
П		(AS DECEASED EVER IN		NED FORCES?	16b SOCIAL	SECURITY NO.	17. INFOR	MANT		ADI	DRESS	Tracys	s Landing
		yes	WW2		217-14	-3617	Edna	L. Po	wel	1 Rt. 2,	P.O.		
		18 CAUSE OF DEATH (PART I. DEATH WAS	CAUSED	one cause per BY: CAUSE (0)	line for (a), (l	17 Kg	zw	. (CV	B		APPRO BETWEE	SXIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, w gave rise to immed cause (a), stating underlying cause	the lost	(b)	r as a cons	SEQUENCE OF	NOT BELOW		TERLIN			CIVEN IN DARK	
1	CERTIFICATION	19a DATE OF OPERATIO		- Milago		HICH OPERATIO			TERMI	20a AUTOPSY?	20b. IF	YES, WERE FIND	INGS USED
	RTIF			100 700 50	E WILLIAM		101 1101		COLUBBI	YES NO	<u>- </u>	YES	NO 🗌
1		21a. ACCIDENT WAS UNDERI OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEAT			DAY YEAR	ZIC HOW	INJURY OC	CURRE	ED (ENTER NATURE OF I	NJURY IN ITEM	18 PART OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE		FFICE, FARM ETC)	211. LOCA	REET		CITY O	RTOWN	COUNTY	STATE
		22a.1 certify that (1) (the saw the deceased above, (1) (we) that		~ /	1 0	121	nd that in (r	, 19 my) ↓∞σ) σρ	84	eoth accurred on the	e date and		, that () last ne causes stated
		22b. SIGNATURE	, 1	St	- fo	1 m	DEGREE		NG AN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	9/	7/84
		22d. PHYSICIAN'S WAS	15	reins Teils	Fer.	0	22e ADD	RESS Poys	10	E M	d	207	64
	23a. B	URIAL, CREMATION, RE	MOVAL	236 DATE		23c. NAME OF C				23d. LOCATION		COUNTY	1 Md
	04 5:	Burial		Sept.	19-84	Union C	hapel	Chr.		Lothian		Arunde	
	24 FU	INERAL DIRECTOR	zell	D 0	ADD	nce Fred	and ale	Ma SE	12	RESTO BY REGISTR	AN 256 REC	Wasan STON	THE STATE OF THE S

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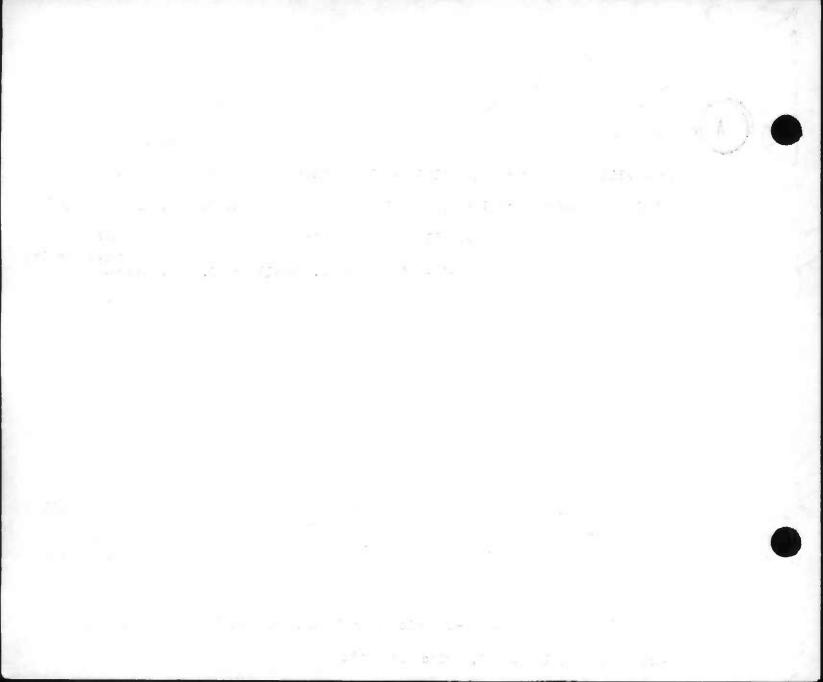
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Americal Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked ar Item 18 shows any injury, ar other troumatic event, the medical

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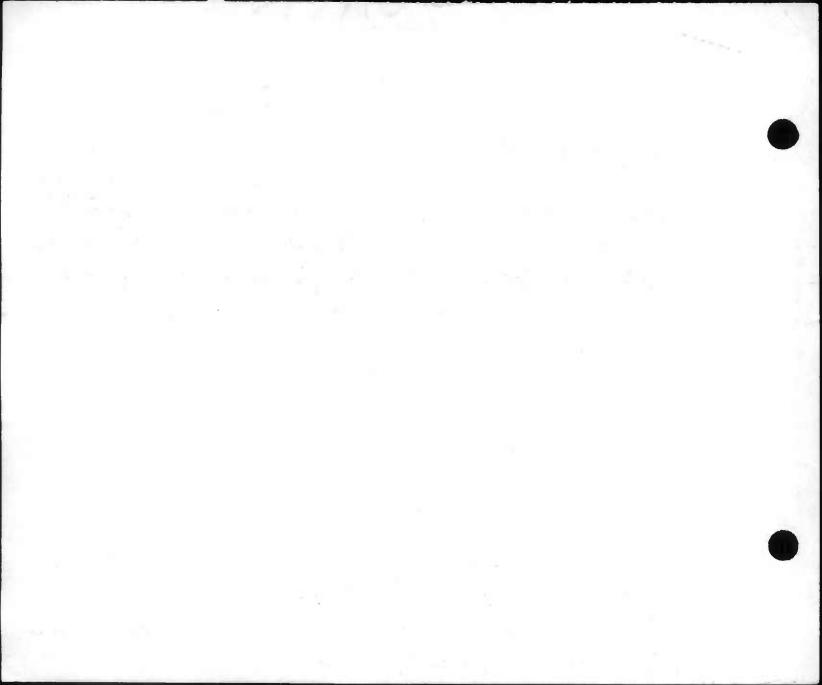
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Spencer E. Sewell Box 31, Prince Frederick, Md



4	6	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE Z. REG. NO.	3 4 4 0
eq Amile pe	of the control of the		10010	amin w.	Pumphrey S DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTO	- 11 - 84 10:25 Az
offer death. Page	of white loves	n	laculand	76. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSIN AIF NOT IN SUCH FACILITY, GIVE STREET	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO	runde MD.
vithin 24 hours	2 should be for	13a.	ALRESIDENCE OF NURSING HOME OR STATE. 13b. COUNTY THER'S NAME FIRST		M. 134. INSIDE CITY LIMITS	1840 Milve	cope Raitoi
be executed w	on and cample		VAS DECEASED EVER IN U.S. ARRESTO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR SOCIAL SOCIAL SOCIAL SECULAR SOCIAL SECULAR SOCIAL SOCIAL SOCIAL SOCIAL SECULAR SOCIAL SECULAR SOCIAL SOCIAL SECULAR SOCIAL SECULAR SOCIAL SECULAR SOCIAL SOCIAL SECULAR S	rey Ardela JRITYNO IZ INFORMANT 4138 Mary Cat	herine Pumpl	Stinchcomb Same as nrey - H13
death certificate	ottending physic ove corbon paper trion, or removal roumatic event, th		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which		c Appent.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
spures that the	signed by the Then please rem to blund, cremi njury, or other t	NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (c) DEN ENGLAND ON DITIONS CONTRIBUTING TO	ENCE OF duodenal DEATH BUT NOT RELATED TO THE TE	erminal disease or condition	N GIVEN IN PART 110
The low	ote hos being the state of the	CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NO
NG PHYSICIAN Th	r this certification of the buriol-trop and Mentol Hy	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT (IF ETHER MOTHER MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	TH HOUR A.M. MONTH D	AY YEAR 19 21F LOCATION	CITA OS LOMA	COUNTY STATE
N OR ATTENDI	TOR or us of He		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	al) ottended the deceased from	DEGREE ATTENDING PHYSICIAN	, to, to	d hour and from the couses stated
TO HOSPITA	5053-	73a	PHYSICIAN'S NAME TO SELECT AND SE	Trib DATE 123.	22e ADDRESS AH Gen NAME OF CEMETERY OR CREMATOR	Hospine	19/1/07
		5	UNICIPO DI PERO DI PER	Sept 13,1984 1	neadow ridige	EKridge DATE REC'D. BY REGISTRAN 256. RI	Howard MD EGISTRAY'S SIGNATURE a Davidson-Randelle

Funeral Chapel-Annapolis MD



3	1-	FOR STATE REGISTRAR	Di	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. N	3 4.	4
oy be death		OR PRINT)	MIDOLE L.	Q	AST UEEU		MONTH DAY Y	26. HOUR 94 450 PM
ectar, pa	I. DECEASED NAME (TYPE OR PRINT) : ALICE I. DECEASED NAME (TYPE OR PRINT) : ALICE I. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10 CITY OR TOWN OF DEATH ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE IN SUCH FACE ANNE ANNE ARU) 130. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE IN SUCH FACE ANNE ARU) 14 FATHER'S NAME FIRST MARYLAND 16 CAUSE OF DEATH (Enter only one cause per line in PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) DUE TO, OR AS Conditions, if only, which gove rise to immediate couse (D), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTE 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION 210. ACCIDENT WAS UNDERLYING OR CONTERBUTING CAUSE OPEATH HOUR A.M. PM. 210. INJURY OCCURRED WHILE NOT WHILE 210. PLACE OF IN (AT HOME, STREET, F.)		5 DATE C	of BIRTH 15 113	6. AGE (IN YEARS LAST BRITHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 71 YRS.			
meral dir	MA	BIRTHPLACE (STATE OR FOREIGH COUNTRY) MARYLAND OCITY OR TOWN OF DEATH ANNAPOLIS SUAL RESIDENCE (IF NURSING HO 30. STATE 13b. C MARYLAND FATHER'S NAME FIRST JOSEPH WAS DECEASED EVER IN U.: (YES NOOR UNKNOWN) II CAUSE OF DEATH (Ent PART I. DEATH WAS C. IMME Conditions, if ony, which gove rise to immediat couse (a), stating th underlying couse las	76. CITIZEN OF WHAT COL	MARRIE		9 BALTIMORE CITY C	OR COUNTY OF DEA	
1 10	AN	NAPOLIS	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF ANNE ARUNDE	E STREELADDRESS AT		(TYPE OF WORK FOR MOST C		IND OF BUSINESS OR STRY
(M)35	13a. S MA	RYLAND 136 CO	UNTY JIJL CITY C		136. INSIDE CITY LIMITS? YES NO	131 STREET ADDRESS	port Terra	ce21403
amplete and 2	14. FA		HAL		15. MOTHER'S MAIDEN NA ELLA	WIDDLE		BETTERS
n and co	16a V	VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	ERIC T. ROSS	1157 Eastpo	ort Terrac	is, Md. 224 e 21403
requires that the death certical signed by the attending part. Then please remove carbon for to burial, cremation, or remy injury, or other traumatic ev	TION	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) T CONDITIONS CONTRIBUTING	BUAST NSEQUENCE OF				
hos be permene pre pre	RTIFICA		196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	NO
IG PHYSICIAN: The attending physicial physicial physicial per this certificate is the burial-transit and Mental Hygis keed or them 18 shows		OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MON	TH DAY YEAR 19 OFFICE, FARM ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJU		
R ATTENDIN haspital ar RECTOR: Af- red far use a rept. af Health lem 21 is ma		saw the deceased plive	spital) attended the deceased on 9/2/84 and one of the body alter death	_19, o	, 19 nd that in (my) (our) opinion	, to9] 28/8 death accurred on the do	ate and haur and Iro	m the couses stated DATE SIGNED
TO HOSPITAL D retained by the TO FUNERAL DI should be detacl with the State De IMPORTANT: If I		224 PHYSICIAN'S NAME JYP		n ih	22e ADDRESS	MEDICAL STA	FF 9	128/84
BP	B	BURIAL, CREMATION, REMOV.	23b. DATE 10-3-1984		CHURCH CEME.	Annapo		
OHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR AND LILIAM REESE &	napolis, Md. 2 SONS MORTUAR	24401 Y, P.A.	250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	70.7

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deoth certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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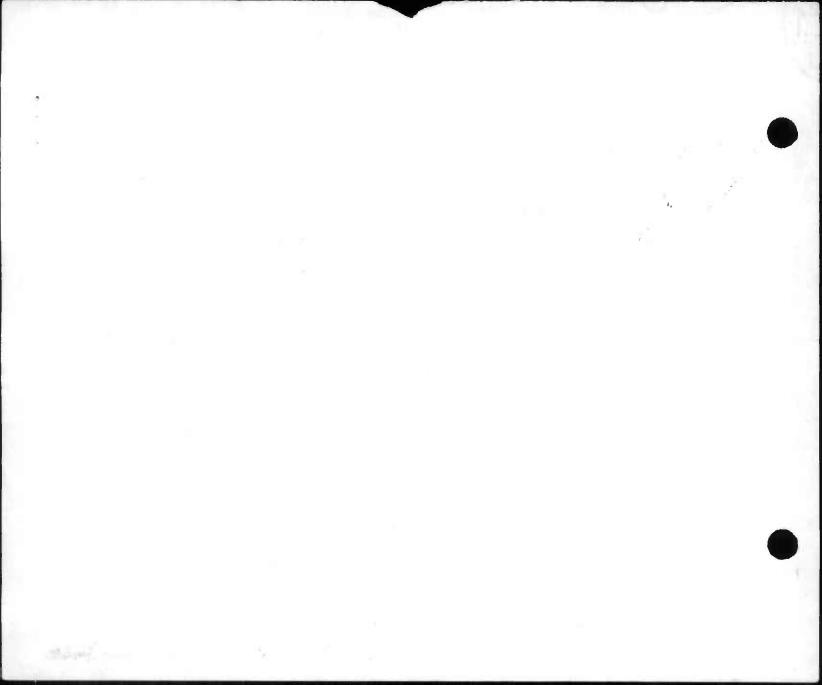
1.	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH	REG N	. Ú	. 4	dia.
	CEASED NAME FIRST	MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE	E OR PRINT) Will	iam Marion	F	Roberts		9 72	, 84	1600 M
3. SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	F UNDER 24 HRS
n	male	white	1 0 -	-1- 1910 YEAR	737	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
	Wash. D.C.	U.S.A.	WIDOWE		Anne	Arunde	el Co.	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	rotherinstitution Curkey Pt.)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C photogr	F WORKING LIFE)	INDUSTRY	BUSINESS OR photo
13a S	STATE 13b COU	3712 Bay D ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY A. Co. Edgew	E ADMISSION)		130 STREET ADDRESS 3712 B	/ ZIP CODE	215	rkey F
	ATHER'S NAME FIRST	MIDDLE Rober	ts	15. MOTHER'S MAIDEN NAM Ritchie			Durph	ıy
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	SS		
(no -	579-03-	0270	Margaret 1	Roberts	same a	as 13e	
		nly one couse per line for (a), (b), an ED BY: TE CAUSE (a) Probable	nd ici i	envert sepsi			APPROXIA BETWEEN O	MATE INTERVAL
NO	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	101	Cancer NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TIO	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING ING CAUSES	
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21¢. HOW INJURY OCCURE	RED TENTER NATURE OF INJU	RY IN ITEM 18 PAI	RI (OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	saw the deceased alive or abave, (I) (we) (did) (did no	ntal) attended the deceased from 19 19 view the body after death.	/	nd that in (my) (our) apinion of	death occurred on the d	ote and hour	and from the c	
	226 SIGNATURE	2 July			MEDICAL STA		226. DATE S	- 1
	JOHN 51	CKSUN		1419 PURES		and who	ul15,	mid
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation			emetery or crematory iew Cremato:	9			STATE
	uneral director name hardestv Fune	ALM MESS	Ridge . Md	ly Ave. 250 DAT 21401 SEP	2 1 1984	Wh REGISTR		JRE

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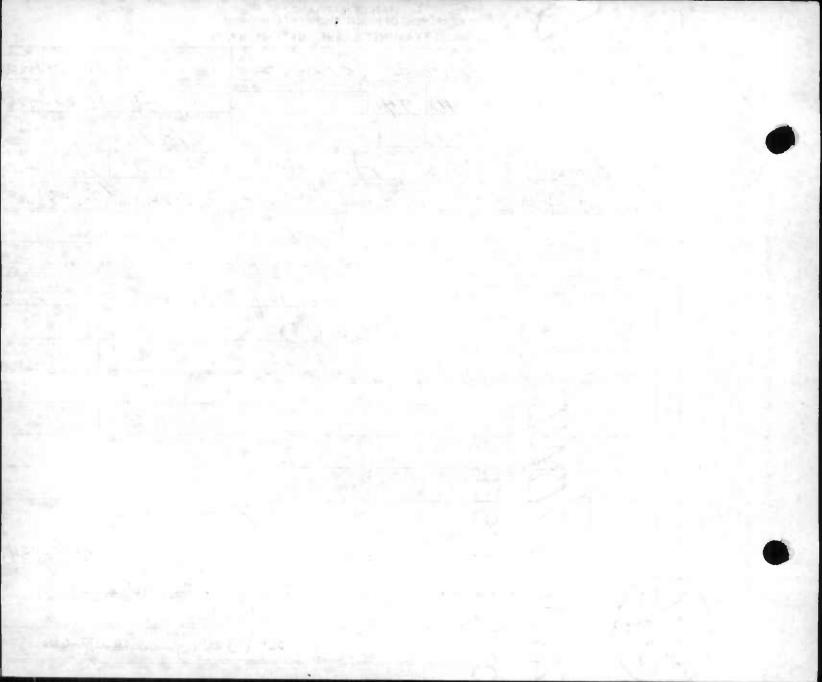
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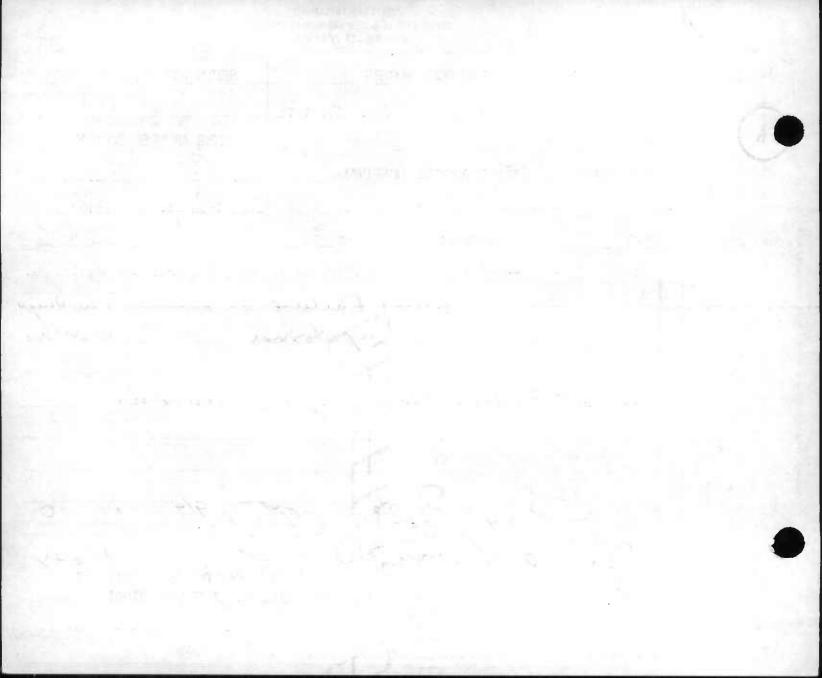
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached far use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.



		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
SSSARY, PLEASE RAL DIRECTOR. RY YOUR FILES. THIN 72 HOURS EESTON STREET,	3.5E)	THE ST WOOLE ST
ANY GRAY IS PECES AND TO THE FUNES RETAIN MARE 5 FOR HOURING FILED WITH RECORDS 2014 PRIE	USU/	MARRIED NEVER MARRIED MODIFICATION (TYPE OF WORK INDUSTRY STREET ADDRESS) IT OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SICH FACILITY, GIVE STREET ADDRESS) I RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136. CULTY OR TOWN 136. LITY OR TOWN 137. CITY OR TOWN 138. STREET ADDRESS
URS AFTER DEATH IF BE GIVEN BY AFTER DEATH IF WITH FORM PM 3 IT. PAGES I AND 2 IT. P	16a. V	THER'S NAME FIRST CALIFIC TO THE TO THE THE TO THE THE THE TO THE
ECORDS, 201 W. PRESTON SI BE EXECUTED WITHIN 24 HO REDIGNE". IN FEROLL IN ITEM I WEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERM ALIH AND MENTAL HYGIENE. PERMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND DEAT
OF VITAL R ATE SHOULE E WORD "PI THE CHIEF I LD BE USED WENT OF HE TO BURIAL,	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR 40 AUTOPSY? YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
WRIT WRIT ARDE AGE 3 ATE D	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK TWORK TWORK THE PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNTY STATE
ICAL EXAMINER: ETHE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: ERATH, WITH THE S DRE, MARYLAND,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) MEDICAL EXAMINER SIGNED / Z SUBSTITUTE SIGNED / Z SUB
BB A FIER D	(JAMES SON DE LA PRINTING WILLIAM P. JONES, M.D. ADDRESS 695 AMERICA Crt., Davidsonville, Md. 21035 JRIAL CREMATION, REMOVAL 236 DATE PESSON OF THE PRINTING COUNTY STATE PRINTING COUNTY SATE PRI

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		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOUI	
		OR PRINT) David			Sept.	20 1100	
	3. SEX		14. RACE	Sains, Jr.	6. AGE (IN YEARS LAST BIRTHDAY)	11 1984 1045	
		Ma1e	Caucasian	FEB 17 1979	Anna C	MONTHS DAYS HOURS	
kied of once.		RTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY		RALTIMORE CITY OF COUNT		
notified at	10. CI	TY OR TOWN OF DEATH . Meade, Md.		SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) NONE 12b. KIND OF BUSINI INDUSTRY NONE		
z should be filled wi	13a. S	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO	ORE ADMISSION)	13e. STREET ADDRESS 7911 D Highla	20755 nd	
examiner examiner		THER'S NAME David	Lee Sams	15. MOTHER'S MAIDEN N FIRST Marina	Ann	Blouin	
s. rages	16a. V		RMED FORCES? 166 SOCIAL SEC None 449-55-		ADDRESS 7911 Sr./Father/Ft.	D Highland Meade, Md.	
arbanpapers. ar removal. stic event, the		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), c SED BY: ATE CAUSE (a)	ond (ct.) Cardio-Pulmonary	Arrest	APPROXIMATE INTER BETWEEN ONSET AND I	
e remove cr cremation, ther troumc		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	DUENCE OF		2 years,	
to bur	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	rminal disease or condition Gi	VEN IN PART 1(a)	
prior ony i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATI ES NO	
buriot-transit per Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY ST	
of Heal		sow the deceased alive o abave, (I) (Ne) (did) (did)	pital affected the deceased from 2 ATTOTES 19.	and that in (my) (VOC) apinio	, ta 11 Sept in death occurred on the date and ho		
State Dept.		22d PHYSICIAN'S NAME TYPE	Low, MD	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11 Sep PL	
should be deta with the State [IMPORTANT: If		JOE B. HIC	CK, COL, MC	Kimbrough A	Army Comm. Hospit	al, Ft. Mead	
		BURIAL, CREMATION, REMOVA		C. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY 51	
		Burial	Sept/15/84 I	L.O.O.F. Cemetery	Cairo, Ritchie	Co. West \	
M 2/80	24 Ft	JNERAL DIRECTOR	ADDRESS	230. D.	ATE REC'D. BY REGISTRAR 256 REGIS	TRANSIS AND ME	

The second secon BERTHARY THE THE SHOP THE LINE OF THE PROPERTY Michael Court of the Court of t CHARLES AND THE TAXABLE TO THE TAXAB

E. EVANS 1212 WEST

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

COUNTY

DRIV

GRANCIO

126. KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20 AUTOPSY?

COUNTY

ond in my opinion

YES NO

STATE

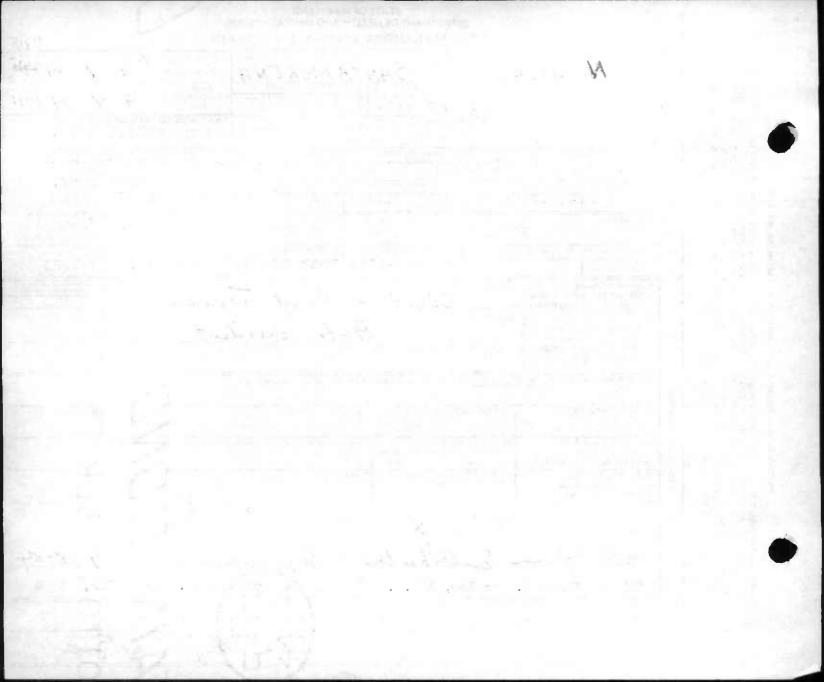
20. DATE KNOWN TE MONTH

ESTI-

OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ANNAPOLI



FOR

REGISTRAR

Female

TO. BIRTHPLACE (STATE OR FOREIGN

West Virginia

O. CITY OR TOWN OF DEATH

FIRST

Linthicum

Maryland

4 FATHER'S NAME

Clarence

13a. STATE

CERTIFICATION

MARGARET

136 COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

AnneArundel

MIDDLE

H.

4. RACE

White

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH MIDDLE LAST MONTH 7b HOUR September 26, 1984 KATHLEEN SAYRE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 17, 1904 80 June 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Anne Arundel U.S.A. WIDOWED [DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** 204 W. Greenwood Road Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d, INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Linthicum 204 W. Greenwood Road 21090 NOXX 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST EIRST Robinson Koontz Etta Grace 17. INFORMANT (Husband) ADDRESS 16b. SOCIAL SECURITY NO.

		234-30-5660	L'AL.	William H.	sayre,	UL.	Same a	2 #T2
18 CAUSE OF DEATH (E) PART I. DEATH WAS O		Congestiv	e	HEART	FP	ILUKE		MATE INTERVA DISET AND DE
Conditions, if any, wh gove rise to immedicause (a), stating underlying cause to	DUE TO, C to be the DUE TO, C (c)		ic (PREING Left,	BRA	LUNG 17	Z G GC	epr-

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO YES 🗀 NO [

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN

NOT WHILE 220.1 certify that (1) (this hospital) attended the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

17h SIGNARD DEGREE 77L DATE/SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TORECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TIPLORPHINE) 22e. ADDRESS 606 Hammonds Lane, Baltimore, Md. 21225 Dr. Benjamin Berdann

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR LOWN Spring Hill Cemetery Huntington Burial Cabell, W. Virginia

Singleton Funeral Home Glen Burnie.

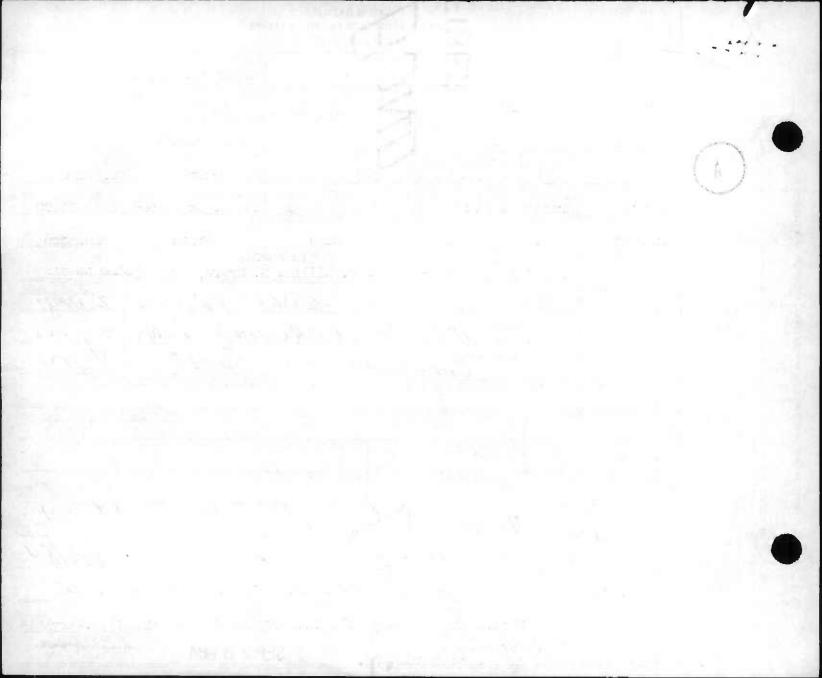
24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEP 2 8 1984

STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

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I. DE	FOR STATE REGISTRAR CEASED NAME FIRST	depart GENEVIEVE	TMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	ONTH DAY YEA	EDT P. 126 HOUR
	OR PRINTI		SCHELI		SEPTEMBE	R 30. 198	
3. SE:		4. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LY	EAR IF UNDER 24 HR
	Female	Caucasian	June	30, 1899 YEAR	85	YRS.	AYS HOURS MIN
1	RTHPLACE (STATE OR FOREIGN COUNTRY) Ashington, DC	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIED WIDOWEE	NEVER MARRIED	9. BALTIMORE CITY OR ANNE ARI		
	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE NOR TH ARUNDE	ING HOME OF	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Home maker	ORKING LIFE) INDUS	ID OF BUSINESS C TRY
13a. 3		or other institution, give residence before unity and a large so love to be a large so love to the large so love so love to the large so love	DRE ADMISSION) WN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / Z 12424 Shadow	IP CODE	0715
A I E F	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NA/	WIDDLE		LAST
160.	Stephen WAS DECEASED EVER IN U.S. A	Essex		Ella.	Mae	Shadow La	mond
1		I 578-01-3		June Schell Z		Maryland Maryland	
		only one couse per line for (a), (b), a		Tallo Dollows E	/ DORLO	API	PROXIMATE INTERVAL ZEN ONSET AND DEAT
CERTIFICATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO			20e AUTOPSY?	TION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED
/ E		4-2			YES NOXX	YES 🗌	NO 🗆
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INITIRY	NITEM IN PART I OF PAR	
	OR CONTRIBUTING CAUSE OF E	DEATH	DAY YEAR	The state of the s	TENTER MATORE OF POOR	TEM IS TAKET GIVEN	1 2)
MEDICAL CERTI	OR CONTRIBUTING CAUSE OF	DEATH	19	211 LOCATION STREET	CITY OR TOWN		
	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive to	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) spital) attended the deceosed from	E. FARM ETC)	211 LOCATION	city or town	COUNT	Y STATE , that (h (we) h
	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) for a light of the solution o	P.M. 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM EIC) Sept. 84 , on	211 LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	city or town to Sept. 30 death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	e and hour and from	y STATE —, that (I) (we) lot the couses stated of
	OR CONTRIBUTING CAUSE OF CAUSE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE spital) attended the deceased from on Sept. 29. 19. 19.	E. FARM EIC) Sept. 84 , on	211 LOCATION STREET 29 . 19 84 d that in (my) (our) opinion DEGREE ATTENDING	city or town to Sept. 30 depth occurred on the date medical STAFF DIRECTOR PHYSICIA 45 OAKWOOD R	ond hour and from Sej	y STATE , that (I) (we) land the couses stated DATE SIGNED
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF CAUSE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE spirtol) oftended the deceosed from on Septe 29 19 19 19 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10	E. FARM ETC.) Sept. 84 , on	29. 19 84 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS 78 GLEN BUR EMETERY OR CREMATORY	CITY OR TOWN 10 Sept 30 death accurred on the date MEDICAL STAFF DIRECTOR □ PHYSICIA 45 OAKWOOD R NIE, MARYLAN 23d LOCATION CITY OR TOWN	OAD, SUIT D 21061	, that (I) (we) II the couses stated of the couses

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Spall Juneral Home owic, @ 20715

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location of the same, entities for the first for the same of the s

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

STATE OF MARYLAND

- 1	1-	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE O		NE REG. N	0.	2, 9
		EASED NAME FIRST OR PRINT) MARVIN	A. RACE LACINI LO	5 Keat 5. Date of Birth MONTH	h, 3R	a. DATE OF DEATH	MONTH	PER I YEAR IF UNDER 2 DAYS HOURS
75		OUNTRY) P. A.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVI	DIVORCED	BALTIMORE CITY	FIRU	INDEL (
90	PUSUA	ON OP DEATH	AF NOT IN SUCH FACULTY, FIVE STREET AND COMMENTAL PROPERTY OF THE STREET	ADMISSION)	TC+R!	H5541	NOW SKING LIFE IN	Nestern
35		THER'S NAME	A. SEVERNA	YARK YES			DING'R	d. 211
20		ADER+ (AS DECEASED EVER IN U.S. ARME ES. NO BRUNKNOWN) (IF YES. GIVE W	OKEA-	H) RITY NO. 17. INFOR	MANT	reath ADDR	5ev. P	IRACE DIVIDING
.,		PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.	1/1211			M		2915-
	ATION	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO D			AL DISEASE OR CON		PART 1101
9	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOV		YES NO	IN CERTIFYING YES	CAUSES OF DEATH
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WOR	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 21f. LOC	ATION REET	CITY OR TO	OWN C	DUNTY ST
		220.1 certify that (1) (this hospital)	W/0 198	ond that in (ny) (aur) opinion de	oth accurred on the	lote and hour and	from the couses stat
		bove, (I) (verididirad not) v 22b. SIGNATUR	and the body of the death.	DEGREE	ATTENDING	MEDICAL STA	FF _	9/11/7/

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR

BY REGISTRARISS REGISTRAR'S SIGNATURE DE 1084 Julia Jeundon Hondare

(VRA 15, 4)

BP.

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Maria Andrews Hard Hard Transfer

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PEG NO		

2	3	4	con 1
Ca	14	4	EDT

1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	EDI
	CEASED NAME FIRST	WIDDLE	IAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
{ TYPE	CHESTI	ER LEON	SMIGAL	SEPTEMBER 16	5, 1984 409
3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	Male	White	Nov. 18, 1916	67 YRS	MONTHS DAYS HOURS A
7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OF COUN	
21	Linois	U.S.A.	MARRIED NEVER MARRIE WIDOWED DIVORCE	ANNE AKTIMEN	EL COUNTY
III.C	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTIO		126. KIND OF BUSINESS
	GLEN BURNIE	"NORTH"ARUNDE	L'HÖSPITAL	(hauffeun-Ba	timore (ity
100	STATE, III	THER INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TO	WN 134 INSIDE CITY LIM	. 1 04/ 1/1 // 01	
14_F/	ATHER'S NAME	C. C.	15 MOTHER'S MAID		2,12,1
1	Unknown) WXXXX	Sminal	FIRST	Unknown ADDREKasa	IAST
16s \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRE Basa	dena.Md. 2112
- 1	YES, NO OPINIKNOWN) (IF YES, GIV	E WAR OR DATES) 059-09-	6093 Mrs. Mary	Lou Galliher 770	224th. Street
ATION			D DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION C	
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO		206 AUTOPSY2 206. IF Y	FIVEN IN PART ITO VES, WERE FINDINGS USED TIFVING CAUSES OF DEATH? YES NO NO
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE CHOPERATION WAS PERFORMED DAY YEAR 19	206 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COCONIRIBUTING CAUSE OF DE	DUE TO OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE CONTROL OF THE CONTR	206 AUTOPSY 206 IF Y IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DATE (IF ETHER, NOTIFY MEDICALEXAMINER DATE OF THE ORDER ORD	DUE TO OR AS A CONSEQUENT OF THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL) of the deceased from	D DEATH BUT NOT RELATED TO THE CHOPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY CO STREET 19 216. LOCATION STREET	206 AUTOPSY? 206 IF Y IN CER YES NO COURRED (ENTER NATURE OF INJURY IN ITEM I	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPART (OR PART ?) COUNTY STATE 19, that (I) (we
	gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICALEXAMINER ALL WORK NOT WHILE ALL WORK ALL WORK 220.1 certify that (1) (this hospits as we the deceased alive on the saw the deceased alive on the	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR WHICE CONDITION OF THE C	DDEATH BUT NOT RELATED TO THE CHOPERATION WAS PERFORMED DAY YEAR 19 21f. LOCATION STREET 1, 19 , ond that in (my) (our) out of DEGREE ATTENDED	200 AUTOPSY? 200 IF Y IN CER YES NO COURRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN To ppinion death occurred on the date and h	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO COUNTY STATE 19 , that (I) (we our and from the causes state 22c. DATE SIGNED
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DATE (IF ETHER, NOTIFY MEDICALEXAMINER AT WORK NOTIFY MEDICALEXAMINER AT WORK NOTIFY OF CURRED SOW the deceased plive on above, (1) (we) (dight) (did 222). SIGNATURE	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR WHICE CONDITION FOR WHICE CONDITION OF THE C	DDEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED 21c HOW INJURY CO 19 21f. LOCATION STREET 19 21f. LOCATION STREET 19 21f. LOCATION STREET 22f. ADDRESS	206 AUTOPSY? 206. IF Y IN CER YES NO COURRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN TO DIPINION DEBTA OF THE AUTOPSY IN ITEM I CITY OR TOWN DING MEDICAL STAFF DING DIRECTOR PHYSICIAN	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 that (1) (we' our and from the couses state 22c. DATE SIGNED

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

linctor, page 3

executed within 24 haurs ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

(VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TH	REG.	NO.		3		
26. DATE OF DEATH	KNOWN ESTI- MATED	X]	монтн 8/2	DAY 5/84	YEAR 9	7b. HOUR
2c. DATE PRONOUN DEAD	NCED		MONTH 8/25	/84 1	YEAR 9	10:40 A M
O RAITIM	OPE CIT	V OP	COLINIT	V OF DE	ATL	

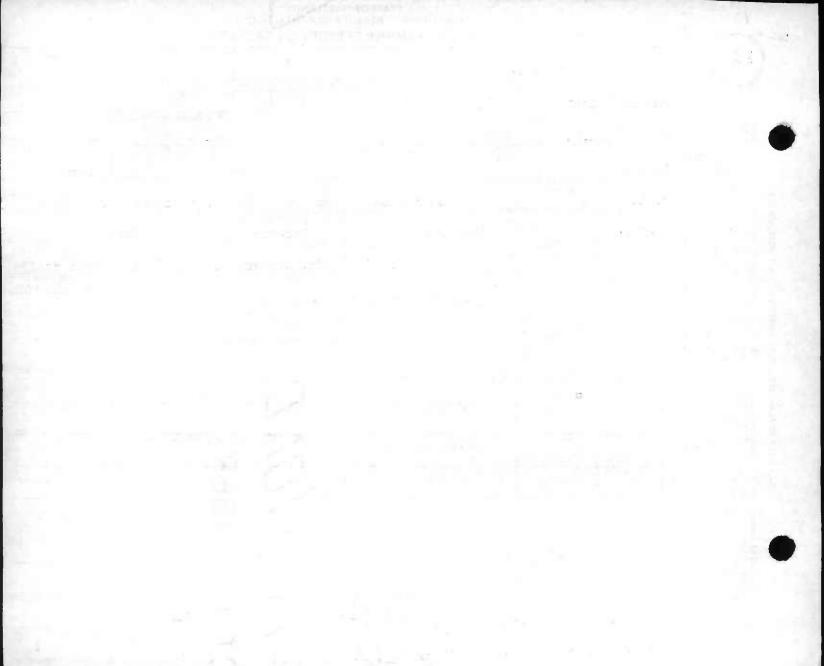
1-	STATE REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFI	CATE	F DEA	TH REG	. NO.	7	
	CEASED NAM	E FIRST		MIDDLE		LAST			20. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26. HOUR
		Prisc	illa 3	Janice	S	mith			DEATH MATED	□ 8/2	25/84	M
3. SE	X	4 RACE	5. DATE OF BIRTH		IN YEARS IF U		IF UNDER		2c. DATE	MONTH	DAY YEAR	2d HOUR 10:40
F	emale	Black	2 20	49 34	YRS.	THS DAYS	HOURS	MIN	PRONOUNCED DEAD	8/25	/84 19	A M
	IRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	II. MARE	IED D NE	VER MARRIE	ED XX	9. BALTIMORE CIT			
		ton, D.C.	USA		WIDOV		DIVORCE		Anne Aru	undel (County	MD.
	ITY OR TOWN		11. NAME OF HOSP	ITAL, NURSING HO	OME, OR OT	HER INSTITU	ITION		JAL OCCUPATION		12b KIND OF BU	JSINESS
I	aurel		Forest	lity, give street addre Haven	55)				nost of working life)		OR INDUST	RY
13a. S	AL RESIDENCE	(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE Y	RESIDENCE BEFORE ADA 13c. CITY OR TOW Washing	N	13d INSIDE	(ITY LIMITS?	13e. STRE	EET ADDRESS 07 7th St	reet N	2.1	999
14, F	ATHER'S NAME					15. MOTH	ER'S MAIDE			Leet, 1		
	Raymono	1	The	mpson			Barbar		MIDDLE	Smit	LAST - h	
16a. \	WAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFOR			ADDR		-11	
Ŋ	ES, NO, OR UNKNO	OWN) (IF YES, GIVE V	WAR OR DATES)	219-88-	2148	Ms	. Barb	ara	C. Smith,	/mother	/same a	s 13e
NO	gave ris cause (a) lying cou	ns, if any, which se to immediate stating the <u>under</u> use last.	(b) DUE TO, OR A DUE TO, OR A (c) ONTRIBUTING TO DEATH BE	EDDURATIVES A CONSEQUENT S. A CONSEQUENT S. A CONSEQUENT THE THE TOTAL THE T	CE OF			RT 1 (a)				
TY	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH O	PERATION V	AS PERFOR	RMED?				20 AUTOPSY	?
TEK											YES K	NO 🗆
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 214 INJURY C	NG CAUSE OF D	P.M. 21e PLACE OI	MONTH DAY Y	EAR 211 LC	CATION	OCCURRE	D (ENTERN	vature of injury in itea	M 18 PART 1 OR PA	RT 2)	
¥	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)		STREET			CITY OR TOWN	CO	JNTY	STATE
	22a I certico death resulta ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	ed from Nature	e of the remains described as a second course (X) regory R.	Accident ,	Suicide	Homi TITLE (S	SPECIFY) Sistan	Undete	Inquiry, ermined manner ICAL EXAMINER 1 St.	ond in my op , DATE SIGNE	0/06/	84
23a. B	URIAL, CREMA	TION, REMOVAL 23	lb. DATE	23c. NAME OF				23d. LO	CATION	COUP	NTY C	TATE
	Burial		8-30-84	Linco	oln Mer				Suitlan		Md.	A16
24 F	UNERAL DIREC	TOR					TEN YES		REGISTRAR 1256. R		MULTER	

(VR A15 ME.(5)

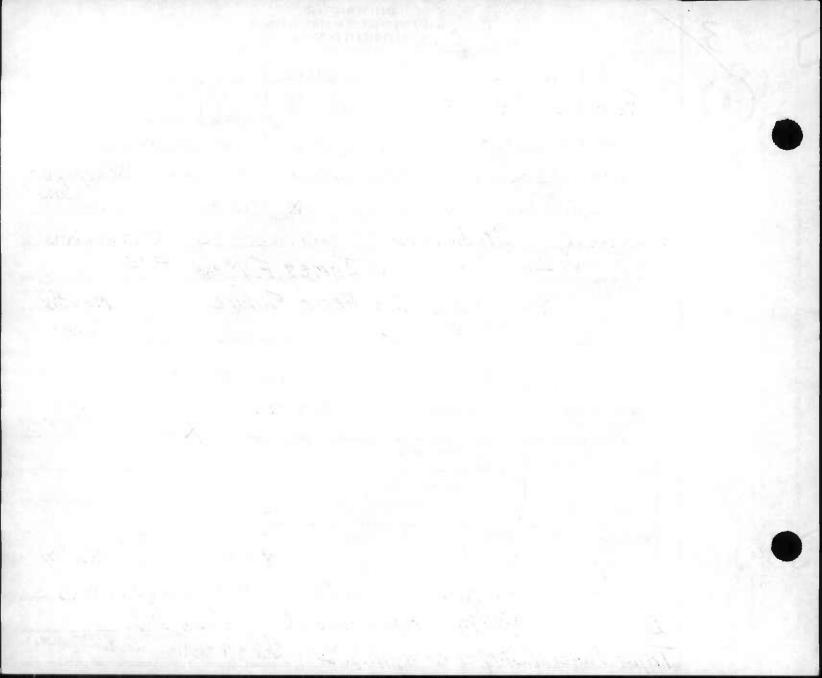
BP.

DHMH - 17

John T. Rhines Co., 3015 12th St.N.E., D.C.



		STATE OF MARTLAND		
FOR - STATE REGISTRAR	DEPARTM		H 0 4	2 3 5 4
ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
P4	5	tad+ 111 2/14	017	9 12 84 690
	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	1 10. 11
Female	WHITE	MONTH 2DAY	75 89	MONTHS DAYS HOURS MIN.
SIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY	OR COUNTY OF DEATH
IOWA	USA	WIDOWED DIVORC	ED finne A	Ruydel MO
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTI		
dozwater	O1	. 1 . 1	Her Tupesette	R Newspaper
			MITS? 13e.STREET ADDRESS	/ ZIP CODE 2/037
1d. Ame	A - AACO I	A	A	
ATHER'S NAME	MIDDLE / LAST		IDEN NAME	- A LAST
eldinand	STADMUEL	er mar	garet S.	Oltmanns
		RITY NO. 17 INFORMANT	ADDR	# 13
No -	- 462-09-0	499 JAME	S F. MANN	70
18 CAUSE OF DEATH (Enter or	ily one couse per line for (a), (b), and	(C)	1 - 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Tive HEArt	FAILUre	Months
	DUE TO OR AS A GOUSEQUE	NCE OF		
Conditions, if any, which	((b) ASCI	ID		Yenrs
gove rise to immediate	DUE TO OR AS A CONSEQUE	NCE OF		
underlying couse lost.	(c)			
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 110
190 DATE OF OPERATION	19h CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
				IN CERTIFYING CAUSES OF DEATH?
71n ACCIDENT WAS UNDERLYING	7 11b. TIME OF INJURY	21¢ HOW INJURY	1.60	
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WHILE NOT WHILE			CITY OR TO	OWN COUNTY STATE
220.1 certify that (1) (this haspi	tal) attended the deceased from	, 19), to	, 19, that (I) (we) last
sow the deceased alive on	19	, and that in (my) (our)	opinion death occurred on the c	late and hour and from the causes stated
22b. SIGNATURE	1 1 1 1	DEGREE		22c DATE SIGNED
Charle	2 Wi Kinza	ATTEN PHYS	IDING MEDICAL STA	
224 PHYSICIAN'S NAME LYPE C	PRINT)	22e ADDRESS	^	////
Charles	W. KINZE	r 16 Mu	rray Ave Ar	inapolis MD
BURIAL, CREMATION, REMOVAL	236 DAJE 231 N	AME OF CEMETERY OR CREM	ATORY 23d LOCATION	COUNTY STATE
BUYIAL	9/14/84 7	ock Cree	K WASI	.D.C.
UNERAL DIRECTOR	IAI /ADMAG	1 000	250. DATE REC'D. BY REGISTRAI	236 REGISTRAR'S SIGNATURE
AVIOY FUNERI	(ChADE/ HAN	APG/15, MD.	SEP 1 7 1984	What will was
	STATE REGISTRAR CEASED NAME FIRST COMPINITY FOR PRINTY FOR PRINTY FIRST COUNTRY FIRST COUNTRY FIRST FIRS	STATE REGISTRAR CECASED NAME FRST MIDDLE COUNTRY) TOWA A RACE WHITE INTERPLACE (STATE ORFOREIGN COUNTRY) TOWA TO	DEPARTMENT OF HEALTH AND MENT REGISTRAR CERSED NAME FRST MIDDLE LAST S. DATE OF BIRTH MIDDLE RACE FRST REGISTRAR RACE S. DATE OF BIRTH MIDDLE RACE S. DATE OF BIRTH MIDDLE RACE S. DATE OF BIRTH MIDDLE MIDDLE RACE S. DATE OF BIRTH MIDDLE MIDDLE REGISTRAR MIDDLE REGISTRAR MIDDLE REGISTRAR MIDDLE REGISTRAR R	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR REGIS



6	1 -	FOR STATE REGISTRAR	DEI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	ડું કું કું
		CEASED NAME FIRST	NCC5	Stolf	DOC .	2a. DATE OF DEATH MONTH	8 84 1 30 P
)	3. SEX	Fomale	4. RACE White	5. DATE O	F BIRTH 49		MONTHS DAYS HOURS MIN.
75	Pr	RTHPLACE (PLATE OR FOREIGN COUNTRY)	U.S.	MARRIED	DIVORCED [Anne Anur	rdelCo. MD.
53	A	napoli 3	11. NAME OF HOSPITAL, N AFFINE AFFILITY, GIVE	THE GOVEST	n. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SA 6 DECS	- 100 4
35	13a S	MD I H	NTY O 13c. ETTY O	napolis	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	ary 4. 21401
91		ATHER'S NAME David	MIDDLE Gass	ST	Bessie	WIDDLE	Goldstein_
1	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA VE WAR OR DATES) 115	18-184 18-184	Rhoda Gold	lman 854 In	verrary Ct Md.21401
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per life for (a), ED 8Y: TE CAUSE (a)	Liopuls	monary Ar	restatho	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH WE OCHYS
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, ORAS A CON	Week E	by Erreve	wible Com	ia /
9	CERTIFICATION	PAR VIER SIGNIFICANT LOSCE 190 DATE OF OPERATION	PONDITIONS CONTRIBUTION POR SOLUTION FOR V	ntic	tenosis,		IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO
9		? 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
	MEDICAL	214. INDURY OCCURRED AT WORK AT WORK	?1e PLACE OF INJURY	CE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		law the decreased alive or	itali apended the deceased	1904 00		, ta, ta	d hour and from the couses stated
		Oltonfu	riboeuri	0	PHYSICIAN M	MEDICAL STAFF DIRECTOR PHYSICIAN [9-9-84
1		PEER F. W	ERKOUW		1419 BRES	TDRIVE An	naplis, had 21462
	23a 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	9/11/84	King D	emetery or crematory avid	Arlington	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4) Hardesty Fuenral HomeAnn. Md. 21401

ATORY
Arlington

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

D1 1 1984

Augustus Davidson



	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF HE	OF MARYLA	MENTAL HYG	IENE	REG. NO.	3	5	EDT
		CEASED NAME OR PRINTI	FIRST RTRU		HERINE	STON			SEPTE		20, 1	YEAR 1984	26 HOUR 4.20 AM
)	3. SEX	× Female		RACE Cauc	g	S. DATE OF	BIRTH DAY 20	1906		78	MONTH YRS.	DER) YEAR	IF UNDER 24 HR5 HOURS MIN.
35	(RTHPLACE (STATE OR FO COUNTRY) Marvland	REIGN ,]		WHAT COUNTRY?	MARRIED WIDOWED		AARRIED VORCED		ARUND	UNTY OF	DEATH	Y MD.
54	1	EN BURNI			HOSPITAL, NURSIN HEACHTY, GIVE STREET ARUNDE	IG HOME OR				CCUPATION FOR MOST OF WORK SEWIFE	KING LIFET IN	Pb. KIND ONDUSTRY	F BUSINESS OR
25	13e. S	at residence in nursing thate	3P CON		GIVE RESIDENCE BEFORE 130. CITY OR TOW Glen B1	'N I	3d. INSIDE C	ITY LIMITS?	13e.STREET AI	DDRESS / ZIP			.061 7y.
20	14. FA	THER'S NAME Frank	A)	MDDLE	Sehlhor			MAIDENNA/ FIRST tilda	ME	MIDDLE	Т	ross	back
he medicol		VAS DECEASED EVER IF YES, NO OR UNKNOWN) NO	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU 220-38-	-9657	Fran		Stone	e, Jr.		4 На	HEALT
tic event, t		18. CAUSE OF DEATH PART I. DEATH WA	SCAUSED	y one couse per 0 8Y: E CAUSE (o)	Carren	1 Herf	mall	eng (med,	7		30 G	MISET AND DEATH
r other troumo		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediate	(b)_6	R AS A CONSEQUI	y 4	/ Hay	7 80	Mase			Jea	n
o 'Anniu' A	NOT	1) Almast	MA	nhuie	ONTRIBUTING O	ATU DES	lema	(2)	Diak	is My	Mom	-(4)a	milkne
no smou	CERTIFICATION	176 DATE OPERATI	1		TION FOR WINICH	/'			1.2.2	NO O	YES 🗌	G CAUSES	OF DEATH?
Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT	21b. TIME O HOUR A.I P.I	M. MONTH D.	AY YEAR			RED (ENTERNATE	JRE OF INJURY IN IT	EM 18 PART I	OR PART 2)	4.00
orked or	MED	214 INJURY OCCURRE	E	21e PLACE (OF INJURY BEET, FACTORY, OFFICE, F		ZII. LOCATIO	CL		CITY OR TOWN	(COUNTY	STATE
2 i s mc		220.1 certify that (1) (solve the deceased alloye, (1) (we) (di	d olive on_	9-71	19	Elp., and	that in (my)	(our) opinion	deoth occurred	on the date or	, 19 ₫ nd hour ond		that (I) (we) lost couses stated
# #en	14	27h AGN ATURE	to K	11.		/ DE	GREE	ATTENDING)	MEDICAL	STAFF		STE DATE	SIFU

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Holy Cross

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANI

retained by the hospital or attending physicia

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Raymond C. Fink

23e BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

1224 PHYSICIAN'S NAME (TYPE OR PRINT)
HILARY T. O HERLIHY, M.D.

236. DATE

9-24-84

Glen Burnie, Md.

23d LOCATION
CITY OF TOWN
Brooklyn

BURNIE

Md. (City),

DRIVE SVITE 208 MARYLAND 21061

250. DATE RECT. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SET 2 1 1984 Julia Davidson Re

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REPTEMBER 20, 98 4-7		WOTE BALL	TRUDE CATE	Ящ
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ANNE ARUMEL COUNTY			a.U	115 E 115
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alo scenaci.	5512164	ela lomati		MATTI
Stone, Jr Ell Tanion				
HOLPIT L BRIV UITE 20 BURNI , BRYL NE 21061			118110.	
Brechlyn (City),	r G	A Icly Cio	1-24-	SIIIE.
	5.1	elazue, note		D - Dr - 3

		STATE OF MARYLAND	6.5
1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	or I
1. D	PECEATED NAME	Jones Suitt and 24 1984	2b HOUR
3. S	Female	4. RACE White March 23 YEAR 96 88 YRS WONEHS DAYS	HOURS A
35 n	Maryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Anne Armade	1
00 L	Lividson vill	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (# NOT HYARD HOME OF ACTUAL OF THE BOUND HOME	F BUSINESS
20	UAL RESIDENCE (IF NURSING HOME STATE 13b. CC	DUNTY DAV. BONV. Mess DE NO BY STREET ADDRESS OF	Mas
120	William F	Edward Jones Edith Mae Fowles	
160		ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 220 - 34-6246	
	PARTI. DEATH WAS CAL	only one cause per line for to and ich selevatic and in susular BETWEEN C	MATE INTERVA
		DUE TO, OR AS A CONSEQUENCE OF CONTROL OF SPASE	
	Conditions, if ony, which		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
NOI	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	5
	gove rise to immediate cause (a), stating the underlying cause lost.	(c)	GS USED
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO YES NET TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NOW YES YES YES DEATH STORY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	GS USED OF DEATH
	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (this ha	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	NGS USED OF DEATH NO
MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (this ha	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NOW YES Y	NGS USED OF DEATH NO STA
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WEDICAL 230.	gove rise to immediate cause (a). Stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a-I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did) 22b. SIGN AT URE	19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES. YES NO. YES	SIAMED

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must be notified at once.

STATE O	FMARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR CERTIFICATE OF DEATH									
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				L	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	GEORGIANNA				11,00	KER		9-5	-84	1:50AM	
	3. SEX	RACE B			5. DATE O	- 26 - 11	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTR			RY? 8				Y OF DEATH		
		ARYLAND U.S.A.				WIDOWED DIVORCED ANNE ARUA			DE GUNTUMD.		
1	10 C1	(IF NOT IN SUCH FACILITY, GIVE STRE							126 KIND OF I	BUSINESS OR	
	A	NNAPOLIS	ANNE	ARUNG		NERAL HOSP	TA				
2	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		13c. CITY OR 1	TOWN JATER	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 4078 Old	ZIP CODE	V Crea	1037 ek Pd.	
7	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME MIDDLE		LAST		
/		CHARLES	DAVI		IS	MAMIE			PEEL		
7	16a. W	VAS DECEASED EVER IN U.S. ARI (15 YES, DO OR UNKNOWN) (15 YES, GIV	WAR OR DATES)				Edgewa	tem, Mo	d. 21037		
		NO		वाव-उ	2-0627	LAWRENCE TASKER 4078 Old Mude			ly Creck Rd.		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY:				lich.			BETWEEN ON	ATE INTERVAL	
		IMMEDIATE CAUSE (0) COVONAC a WEST							menula		
		DUE TO, OR AS ACONSEQUENCE OF							(1)		
		Conditions, if ony, which gove rise to immediate	nmediate								
		couse (o), stoting the underlying couse lost.				QUENCE OF					
		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	190 DATE OF OPERATION 196 CONDI		TION FOR WHICH OPERATION WAS PERFORMED		N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	RTIFI							YES NO YES NO			
						21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 21		
	MEDICAL										
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 21f LOCATION STREET CITY OR TO							COUNTY	STATE	
		AT WORK AT WORK	- 1 Lu	9	F- 10	2/					
		220.1 certify that (1) (this hospit solve the degeosed alive on	(1)	deceased fro	d that in (my) (our) opinion	death occurred on the d	ote and hour ar	/	ot (li (we) fost		
		sow the degeosed alive on F 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obve. (1) (ye) (did) (did) (did not) view the body offer death. 22c. DATE SIGNATURE 1 22c. DATE SIGNATURE									
		Valuempa, y			100	ATTENDED MEDICAL STAFF				100	
-		224 PHYSICIAN'S NAME (TYPE O				27e ADDRESS					
		URIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	BÚ	RIAL	9-8-19	184	CHEWS C	HIDOU OPEN	CITY OR TOWN		OUNTY	STATE	

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR REESE & SONS MORTUARY, P.A. (VRA 15, 4)

1984

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250. DATE REC'D. BY REGISTRARYS SIGN, URB 1

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MPORTANT: If Item 21 is

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certificate has

PHYSICIAN: The

etoined by the hospital or attending physicio

ATTENDING

HOSPITAL

BP

FUNERAL DIRECTOR: After this

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completely filled

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE	2 3 REG. NO.	. 5	1
I. DECEASED NAME FIRM SELECTION (TYPE OR PRINT)	W.	Themo.	20 DATE OF	DEATH MONTH DA	9 84	8:20 PM
J. SEX MALE	WHITE	5. DATE OF BIRTH	19 67	FAD VIRS	UNDER I YEAR	# UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE ORFOREIGN PENNSYLVANIAN)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERA	VORCED HNN	RECITY OR COUNTY OF	E C	Co. MI
ANNAPOLI)	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INST		OCCUPATION K FOR MOST OF WORKING LIFE) RED	INDUSTRY	DRESSER
		VN 13d. INSIDE C		ADDRESS / ZIP CODE	Cr.	21401
FRANK	MIDDLE VENDI	LLE RO	MAIDEN NAME FIRST	WIDDLE	DOTT	S1
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECULAR WAR OR DATES)		HINE THEME	ADDRESS S (SAME	AS I	3)
PART I. DEATH WAS CAUSE	nly one couse paline for (a), (b), or ED BY: TE CAUSE (a) RECURSE	IT WHASTA	Mc Color	CARCINONA	APPROX BETWEEN 22	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)					

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED COLON

YEAR

19

DAY

20a AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TT

21c. HOW INJURY

211 LOCATION COUNTY STREET CITY OR TOWN

NO

84 220.1 certify that (1) (this haspinal attended the deceased from MAM saw the deceased alive on 5195 9 1984 19 sow the deceased alive on above. (I) (we) (did) (did of) view the body after death. and that in (my) (out) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE

MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING PHYSICIAN MEDICAL STAFF 22c DATE SIGNED 8º

STATE

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION

190 DATE OF OBERATION

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

CERTIFICATION

MEDICAL

(VRA 15, 4)

F-UN ERAL

250 DATE REC'D BY

REGISTRAR 256 REGISTRAR

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medicalexon

IMPORTANT: If Item 21 is marked at Item, 18 shows any injury, at other traumatic events the

10. CITY OR TOWN OF DEATH	25
CERTIFICATE OF DEATH REGISTRAR REGIS	M RS.
1. DECEASED NAME 19851 MIDDLE 1.35	M RS.
1. SESSE A RACE S. DATE OF BIRTH MONTH DAT TEAR DATE MONTH DAT TEAR DATE MONTH DAT TEAR DATE MONTH DAT TEAR DATE	M RS.
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saw the deceased alive on Sept. 4 19 54, and that in (my) (corr) opinion death accurred on the date and hour and from the causes stated	ast
abave, (I) (wo) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED	
ho-Usle Hung Medical STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	
226 PHYSICIAN'S NAME (Type OR PRINT) 226 ADDRESS 3450 Ft. Meade Road #207	
PO-HSLU HUNG, M.D. Laurel, Md. 20707	
23d BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
Burial 9-6-84 Parkwood Cemetery Baltimore City MaryI	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Md Glen Burnie, 21061 Fink Raymond C.

Baltimore Parkwood Cemetery SEP 6

City Maryland

BY REGISTRAR 756, REGISTRAR'S SIGNATURE
1984 Scha Laurason Mandale

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DHMH - 17 (VR A15 ME (5)) 20M 4/82

DIRECTOR. OUR FILES. POURS N STREET,

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINT

M. BIRTHPLACE (STATE OR

Annapolis

Maryland 14 FATHER'S NAME

FIRST Charles

No

(YES, NO, OR UNKNOWN)

USUAL RESIDENCE (IF IN NURS IN THOME OR OTH

160. WAS DECEASED EVER IN U.S. ARMED

Burial

24 FUNERAL DIRECTOR

CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:

FOREIGN COUNTRY) Maryl and
10. CITY OR TOWN OF DEATH

NI COUNTY

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13a. STATE

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MED	DICAL EXAMINER'S C	ERTIFICATE OF DE	ATH REG. NO.	
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5. DATE OF BIRTH MONTH DAY April 8.		NDER 1 YR. IF UNDER 24 HRS. HS DAYS HOURS MIN.		NONTH DAY YEAR 24 HOUR 1934
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	EXAMINER'S NAME James E.	Wheeler, M.D.	ADDRESS 910 Pri	mrose Rd. Ann	apolis, 2140
	URIAL, CREMATION, REMOVAL 236 DA	TE 23c NAME OF CEMI	ETERY OR CREMATORY 2	3d. LOCATION CITY OR TOWN	COUNTY STA

Peter's Cemetary

Tom Helfenbein Funeral Homes, Chester, MD 21619 SEP 19

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STATE OF MARYLAND

T. DECEASED NAME (TYPE OR PRINT) TORRENCE TORRENCE SR 26 DATE OF DEATH MONTH DAY VEAR SEPTEMBER 01, 1984 15 MARRIED White SS. DATE OF BIRTH OCt. 4,1906 77 YRS. 16 AGE (INTERASLASI BIRTHDAY) WONTHS DATE OF BIRTH ANNE ARUNDEL COUNTY FUNDER TYPE AR FUND WOUNDER TYPE AR FUND FUNDER TYPE AR FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH SEPTEMBER 01, 1984 FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH SEPTEMBER 01, 1984 FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH SEPTEMBER 01, 1984 FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH DAY VEAR SEPTEMBER 01, 1984 FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH DAY VEAR SEPTEMBER 01, 1984 FUND FUND TORRENCE FUND FUND TORRENCE SR 26 DATE OF DEATH MONTH DAY VEAR FUND FUND TORRENCE FUND TORRENCE FUND TORRENCE FUND TORRENCE SR 126 DATE OF DEATH MONTH DAY VEAR FUND FUND TORRENCE FUND TORRENCE	PM M DFR 24 HRS MIN. MD. NESS OR
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236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Burial 9/5/84 Ft Lincoln Cem. Brentwood. P.G.Co.	STATE M.d.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar other traumatic event, the medical BP. Burial Purial Burial

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Hardesty Funeral Home Ann. Md. 21401

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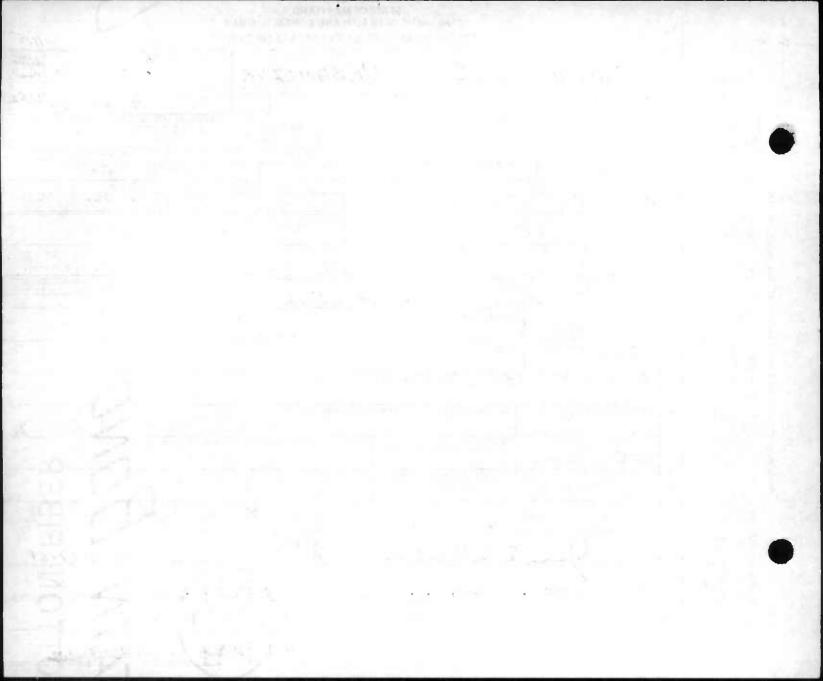
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	FOR				DEPARTMENT OF HE	ALTH AND MENTA	L HYGIENE	6.5	2 100	300
	STATE REGISTRA	3		ME	DICAL EXAMINER	'S CERTIFICATE	OF DEAT	H REG.	10.	autor .
1. DE	CEASED N		IRST		MIDDLE	LAST	20	DATE KNOWN	MONTH DA	AY YEAR 2
(117)	PE OR PRINT))AVIE		Dee	VAIN	KLEEL	K	OF ESTI-	09 10	19 44
3. SE	X	4 RACE	5 DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNI	DER 24 HRS. 20	DATE RONOUNCED	MONTH DA	AY YEAR 2
Ma	ale	White	Oct	t. 30,		MONTHS DAYS HOURS	MIN.	DEAD	10	1984
	IRTHPLACE		7b. C	ITIZEN OF W	/HAT COUNTRY? 8.	MARRIED NEVER MA	ARRIED [9	BALTIMORE CITY	OR COUNTY O	FDEATH
-	alifor	,	Ţ	JSA	W	IDOWED DIVE		Anne Arun		
10. C	ITY OR TO	VN OF DEATH			SPITAL, NURSING HOME, O	R OTHER INSTITUTION		LOCCUPATION (T	TPE OF WORK 12b.	OR INDUSTRY
	Crof				rlow Avenue		Tele	communica	tions	II Empl
	AL RESIDEN	113b	COUNTY		13c. CITY OR TOWN	13d INSIDE CITY LIMIT		T ADDRESS		
Mar	ryland	Ar	ne Arı	ındel	Crofton	YES XX NO	□ 1524	Farlow A	venue a	21114
14. F	ATHER'S N		MIDD	LE.	LAST	15. MOTHER'S MA	AIDEN NAME	WIDDLE		LAST
	Edwar		E.		Van Kleeck	Georgia	a	L.		rker
160 \	WAS DECE.	KNOWN) (IF Y	S, GIVE WAR OR	DATES)	16b. SOCIAL SECURITY N	O. 17 INFORMANT		1524 Fa	Flow Ave	enue
	YES	15	54-196	52	562-46-9299	Ruth 0.	Parker	Crofton	, Maryla	and 21
				couse per lin	e for (a), (b), and (c),)	41 1			8	APPROXIMATE IN
1	PART	DEATH WAS C		105 ()	the not wil	Tech				
1	1	INV	MEDIATE CAL		R AS A CONSEQUENCE OF					
	C	itions, it any,	which	DUE 10, OF	K AS A CONSECUTIVE OF	. / /				
1		rise to imm		(b)	00,0	1 hart	der	une to	amost	
1		(a) stating the	under-	DUE TO, OF	R AS A CONSEQUENCE OF				9	
L	lying	cause last.		(c)					i	
	PART 2 OTN	R SIGNIFICANT CON	DITIONS CONTRIB	OUTING TO DEATH	N BUT NOT RELATED TO THE TERMINAL	DISEASE DR CONDITION GIVEN I	IN PART 1 in			
Z										
MEDICAL CERTIFICATION	19a. DATE	OF OPERATIO	7	19h COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED?			21	D AUTOPSY?
분										YES 🗌
=	21g. EXTE	RNAL CAUSE W	'AS	21h TIME C	OF INJURY T	21c HOW INJURY OCCU	IRRED JENTER NA	TURE OF INJURY IN ITEM	B PART 1 OR PART 21	163 []
0	UNDERLY	ING OR		HOUR A.	M. MONTH DAY YEAR					
2		UTING CAU	SE OF DEATH			W LOCATION				
l B	WHILE	RY OCCURRED			OF INJURY (AT HOME, CTORY, FARM, ETC.)	III LOCATION STREET		CITY OR TOWN	COUNTY	
1 4	AT WOR	NOT WHI	LE []							
	22		1 6 4			Autopsy Inspe	ection X	Inquiry .	ond in my opinio	
		•		2					and in my opinior	n
	death re	sulted from:	Natural cau	ses LXI,	Accident Suicid			mined manner	10	
	ACTUAL)		. 11	TITLE (SPECIFY	()		DATE	
1	SIGNATU	RE	1-	-	Whenl	M.D.	MEDIC	AL EXAMINER	SIGNED	ーノレーと
1		/								
	TYPE OR	R'S NAME PRINT) Ja	mes E.	Wheel	er, M.D.	ADDRESS910	Primros	e Rd. Anr	napolis.	21403
23o. E	SURIAL, CRE	MATION, REMO	VAL 23b DA	TE .	14 23c. NAME OF CEME	ERY OR CREMATORY	23d. LOC			
(SPECIFY)	MATION, REMO	Sept	cember	Maryland	Veterans Cer	CITY OF	wnsville,	Anna Ar	rundal
24. F	UNERAL D	RECTOR 1	-11			125- 04		REGISTRAR 25b REG		
	NAME	1	anh	M990	16000 Annapo	lis Road	ED A 17	400 A	, Devidon-	C
Be	eall 1	uneral	Home		Bowie, Maryl	and 20715 8	EL II	1904	Month of the American	1

Mile Hille New 30, 2356 NA

THE ARMS AT MINE AT MINES AS MINES Aut dieditie Crotton 1524 Furlow Avenue Tolescomminactions action

Maryland Anno Arundol Or H'ton Mi 1524 Ferlow Avenue Cillum

schard E. Yan Miceola Georgia I. Earlier 758 13759-1962 502-4-9839 Ruth O. Perter Crofton, Mary Land 21114

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Land Liver of the limit and token to the Line that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exam

oge 4 moy be

FOR STATE REGISTRAR		DEPA	STATE OF N RTMENT OF HEALTH CERTIFICAT	ł
EASED NAME	FIRST	WIDDLE	LAST	_
EASED NAME	FIRST	WIDDLE	LAS	Ť

STATE OF MARYLAND	
PEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

l	1 -	STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	3 . 3 3
ŀ		CEASED NAME FIRST	MIDDL	IE U	AST	20 DATE OF DEATH MON	TH DAY YEAR 26. HOUR
I	(TYPE	OR PRINT!	DA N	1 WA	ALKER	9	17 84 9AM
Ì	3. SE)		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	
l		FEMALE	BLACK	MONTH 9	10 27	57	MONTHS DAYS HOURS MIN.
I		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
ł		ARYLAND	U.S.A	WIDOWE		ANNE ARUNDEI	COUNTY
İ		TY OR TOWN OF DEATH		PITAL, NURSING HOME O		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Al	NNAPOLIS	ANNE AR	NO DEL GENERA	L HOSPITAL	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
	13a S	ARYLAND 136 C			13d INSIDE CITY LIMITS? YES NO	1307 Lastpo	ort Terrace
1	14. FA	THER'S NAME		LAST	15 MOTHER'S MAIDEN NA		
ł		LOUIS	WIDDLE	WEEMS	EDN A	WIDDLE	WILSON
1		AS DECEASED EVER IN U.S.	ARMED FORCES? 16b.	. SOCIAL SECURITY NO.	17 INFORMANT	Annapolaberess	ld. 21403
		NO OR UNKNOWN)	GIVE WAR OR DATES)		EDDIE BROWNL	EE 1017 Presi	dent St.
ľ		18 CAUSE OF DEATH (Ente		for 10), (b), and 10			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAI	JSED BY: NATE CAUSE (o)	METASTATIC	C LARYNGE	FAZ CANC	ER & munths
I				S A CONSEQUENCE OF			
		Conditions, if any, which	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS	S A CONSEQUENCE OF			
		underlying couse last.	[c]				
	_	PART 2 OTHER SIGNIFICAT	T CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART Tro
	CERTIFICATION	CO	PD				
l	ICA	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20	h IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
YES NO YES NO							
ı		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4 44	MONTH DAY YEAR	ZIE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19							
ı	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF II	INJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
ı	_	AT WORK		94	84	6/17	out .
ı		220 I certify that (I) this hi	0/1/	(3///	19 0	. 10	19 that (I) we) last
1		sow the deseased office obove (I) (ve) (did) (did	not) view the body ofte	er death _		death occurred on the date o	and hour and from the couses stated
I		22b. SIGNATURE	0 8 5		DEGREE ATTENDING .	MEDICAL STAFF	220. DATE SIGNED
4		CW	cole v	<u>u</u>	PHYSICIAN)	DIRECTOR PHYSICIAN	1/11/84
		226. PHYSICIAN'S NAME (IN	COL	E III	51 FRANK	KUN AN	JNAP Md.
		URIAL, CREMATION, REMOV	AL 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		JRIAL	9-21-198	4 PINIELAN	N MEM PARK	Annapolis	A.A. Maryland

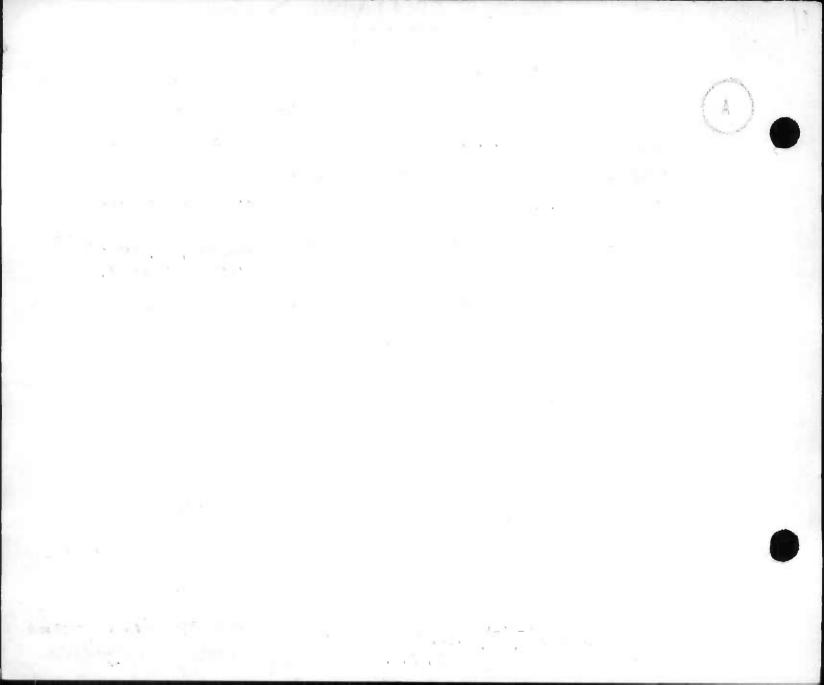
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

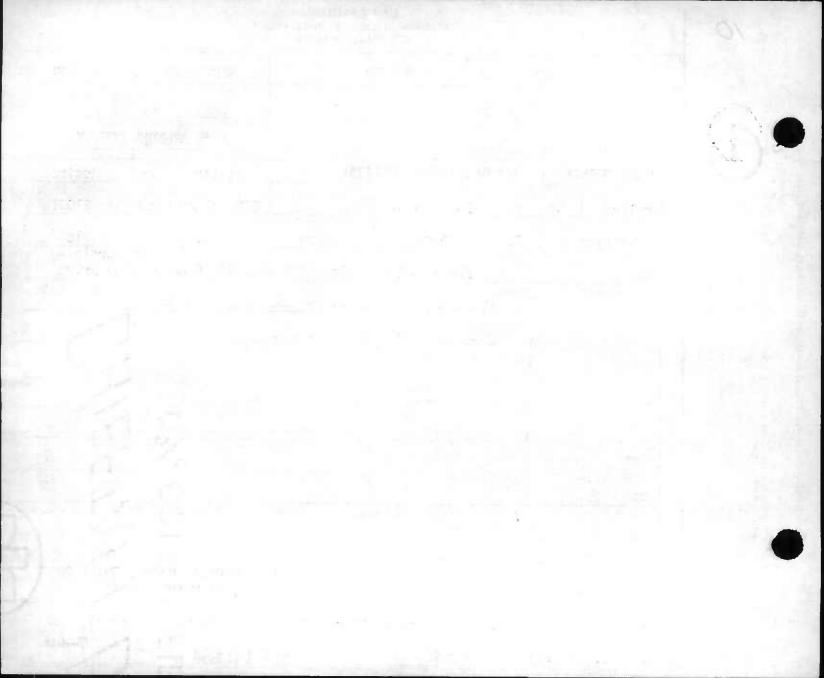
etoined by the hospital or attending physician.

SEP 2.1 1984

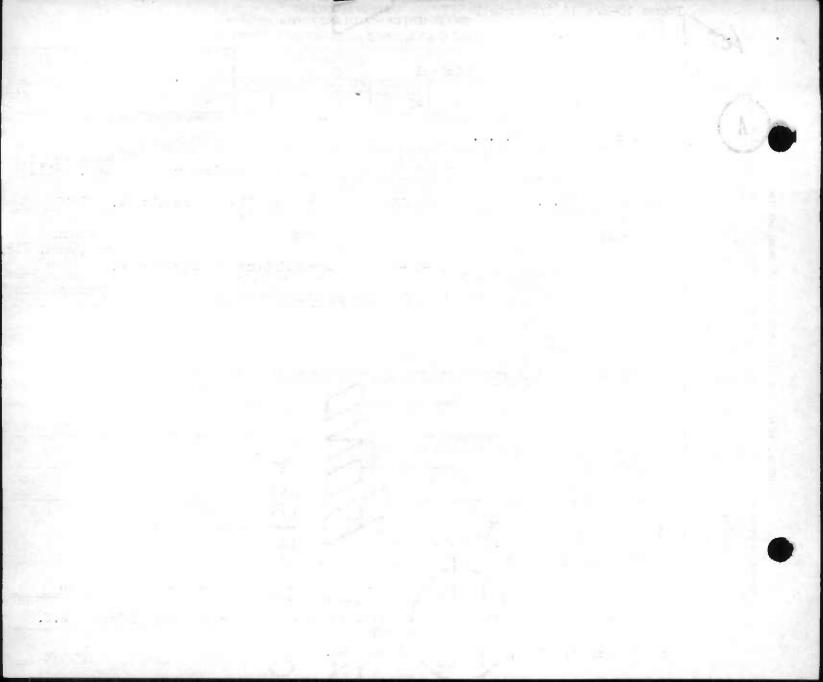
24 FUNERAL DIRECTORANNAPOLIS, Md. 2140155 WILLIAM REESE & SONS MORTUARY, P.A.



10	1	FOR - STATE REGISTRAR		DEPARTM	CERTIF	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	3	REG. NO.	\$. 0	EDT
. m.e		CEASED NAME FIRST		AIDDLE		AST	20 D	ATE OF DEATH MON		YEAR	26. HOUR
page 3		GENEV		В	WALTE			SEPTEMBER		1984	530 A
offer p	3. SE		4. RACE		5. DATE C	DAY YEAR	6. AC	GE (IN YEARS LAST BIRTHDAY	MON	THS DAYS	HOURS MIN.
urs o	1	Female	Whit		Jan.	5, 1908	0.84	76 ALTIMORE CITY OR CO	YRS.	DEATH	
(de	5f _	IRTHPLACE (STATE OR FOREIGN COUNTRY) ANEYTOWN, MD	USA	WHAT COUNTRY?	WIDOWE			ANNE ARU	INDEL	COUNT	MD
		GLEN BURNIE	NORT	H ARUNDEL	HÖSF	PITAL	(TYPE	USUAL OCCUPATION E OF WORK FOR MOST OF WOI egistered N	RKING LIFE)	INDUSTRY	etired
filled in	13a.	TAL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWI Glen Buy	N	13d. INSIDE CITY LIMIT YES NO 🔀	5	treet address / zip 09 Walter F	code	2	21061
and 2 sh) F	ATHER'S NAME FIRST Charles	G.	Boyd		15. MOTHER'S MAIDEN Laura	N NAME	O.		Fog	
Pages			MED FORCES?	166. SOCIAL SECU		17. INFORMANT	1.44.			Burni	
rs. Po	-	NO 18 CAUSE OF DEATH (Enter on		217-30-4		Heren Gil	lette	, 105 Count	ry C		MATE INTERVAL
r the attending phy e remove corbon po cremotian, or remo ther traumatic even		Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost	DUE TO, OI	RAS A CONSEQUE	can	lack	m b	Morel	Lin	`	3
been signed by mit. Then pleos prior ta burial, any injury, ar of	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF	e m	overal	-Qi	NOT RELATED TO THE	les.	Da AUTOPSY? 200	o. IF YES, W	ERE FINDIN	
ficate has transit per Il Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O		AY YEAR	21c HOW INJURY OC		ENTER NATURE OF INJURY IN	YES [№ □
ng ph certific prial-tr	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.,		19						1.176
ottendir ter this is the bu h and M rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
aspitol or ed far use it, af Health m 21 is ma		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) taid no 22b. SIGNATURE	919	19_0		nd that in (my) (obt) op	oinion death	occurred on the date of	19_ and hour or		
y the has Y the has RAL DIREC detached are Dept. VT: If Item		wes	· Ke	Dyna	1	ATTENDITION PHYSICIA	NG ME AN D'DIR	EDICAL STAFF RECTOR PHYSICIAN		610	101
TO FUNERAL shauld be defined by the shauld be defined by the State important:		22d. PHYSICIAN'S NAME (TYPE O		privale				HOSPITAL DI E, MARYLAN		SUIT 061	E 206
BP	23a	BURIAL, CREMATION, REMOVAL Burial				Reform Cem.		Taney town		rroll	MDATE
MH - 16 50M 4/83 (VRA 15, 4)	24	James S. Kirkle	ey, Gler	Burnie,	MD	250	SEP 1	1. O 1984	REGISTRAL La Dau	KS SIGNAY	fandete.



	REGISTRAR CEASED NAM	ΛE	FIRST		WE	MIDDLE	EXAMIN	ER'S C	LAST	CAIEQ	F DEA	2e. DATE	« REG.		H DA	Y YEAR	7b. HOUR
(TY	PE OR PRINT)		Rich	ard		Micha	el	Me	einbe	ra		OF-	ESTI- MATED) 2	7 19 84	
3. SE	Х	4 RAC			OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN		IF UNDER		20 DATE	ICED	MONT		AY YEAR	2d. HOUR
	la1e	Whi	te	5	18	42	42 y	RS.	DAYS	HOURS	MIN	DEAD		9	2	7 19 84	1:55P
7a. B	IRTHPLACE DREIGN COUNTRY	STATE OR			ZEN OF WI	AT COUP	ITRY?	8. MARR	ED AN	VER MARRI	ED 🗆	9. BALTIM	ORE CITY	OR COU	O YTM	FDEATH	
	lew Yor				.S.A.			WIDOW		DIVORC		Anne	e Aru	ndel	Cou	nty	MD.
10. C	ITY OR TOWN		ATH	(IF N	OT IN SUCH FA	CILITY, GIVE S	RSING HOM TREET ADDRESS)				FORM	IOST OF WOR	RKING LIFE)	TYPE OF WOR	An	KIND OF B	andel 11ege
USII	Annapo AL RESIDENC		IPSING HOME				lel Ger		Hosp	ital	Pr	ofess	sor		Co	m. Co	11ege
13a S	larylan		13b. COUN	ITY	3111011011, 01	13c. CITY	OR TOWN	OI4)	13d. INSIDE (NO K		3 Roc	ss seve	1t St		21403	
14. F	ATHER'S NAM			MIDDLE			LAST		15 MOTH	ER'S MAIDE	N NAME	м	IDDLE			LAST	
	Samu						inberg		E 1	tta				77		Cohen	
160.	WAS DECEAS YES, NO, OR UNKN NO	ED EVER	(IF YES, GIVE				-32-68			Weinb	erg	438 N	ADDRE Norma		Γ.	334	
	18 CAUSE	OF DEA	TH (Enter an	ly ane ca						The state of					В	APPROXIMA ETWEEN ONS	TE INTERVAL ET AND DEATH
	DOX.	LAIT	IMMEDIA	TE CAUS	(0)		sculer		cardi	ovasc	ular	dise	ase				
	Canditi	ans, if	any, which		UE TO, OR	AS A CO	ISEQUENCE	OF									
			immediate the under-	<	(b)	AS A COR	ISEQUENCE	25							-		
Н		use last		1		A3 A COI	43EQUENCE	JT.									
	PART 2 OTHER	SIGNIFICAL	IT CONDITIONS	CONTRIBUT	NG 10 DEA1N	BUT NOT REL	TED 10 THE TERM	INAL DISEAS	OR CONDITIO	N GIVEN IN PAG	RT 1 a						
N O																	
CAT	19a. DATE C	F OPER	ATION	1	9b. CONDI	ION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?					20	AUTOPS	(?
TE																YES X	NO 🗌
MEDICAL CERTIFICATION	210. EXTERNUNDERLYIN CONTRIBUT	ig 🗆	OR		TIME OF HOUR A.M P.M	. MONTH	DAY YEAR		OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJ	JURY IN ITEM	18 PART I OR	PART 2)		
AEDI	21d. INJURY WHILE			2	le PLACE (CATION	-		CITY OR TO	wn		COUNTY		STATE
5	AT WORK		WHILE [3.,							211. ON 101			COUNTY		STATE
	22a I cer	tify that	I taak charg	ge of the	emains des	cribed abo	ive, held an	Autap	y X	Inspection		Inquiry		and in my	apınian	1	
	death resu	Ited fran	n: Natu	ral cause:	IN,	Accident	, su	icide 🗌	, Hami	cide ,	Undete	rmined mo	anner],			
	ACTUAL				14	10				SPECIFY)							
1	SIGNATURE				4	9		M	D. ASS.	istant	MEDI	CAL EXAM	AINER	DAT SIG	NED	9/2	8/84
	EXAMINER'	S NAME	G	rego	ry R.	Kau	fman,	M.D.	ADDRESS_		111	Penn	St.	Bal	lto.	,MD.	
23a.E	SURIAL, CREM				10.1		NAME OF CE				CITY C	CATION		Lo	1214		TAJE
74 5	Bu UNERAL DIRE	rial		9/30	/84	Ne	w Mont		re Ce				gda1e		land		YAIE
	ibbard		mal E	Iomo	ADDRESS	/.10	2122		370	250. DATE R	1						
ш	TODALG	rune	erar L	tolle,	THU.	410	WIIKE	1112 U	v C .	001	1	1984	1 will	nanti	WON-	-Randa	22



6	A.	FOR STATE	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HYC		5.5
7		REGISTRAR ECEASED NAME PEOR PRINT) FIRST	MEDICALEXAM	INER'S CERTIFICATE OF	20. DATE KNOWN MONTH	
FLEASE ECTOR. FLES. HOURS STREET,	3. SI	MIC	Morgan 5. DATE OF BIRTH MONTH DAY YEAR LAST BIR	YEARS IF UNDER 1 YR. IF UNDER 24	DEATH MATED	7 171984 2215
		SIRTHPLACE (STATE OR	3 10 37 4	RS. 8 MARRIED VIEVER MARRIED	P BALTIMORE CITY OR COUNTY	NTY OF DEATH
(WEAR)	9	TOWA ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Arundel G. USUALOCCUPATION TYPE OF WORK	MD MD KIND OF BUSINESS
AND THE POLY	46	NEN BURNIE	I IF NOT INJUCHACILITY, GIVE TREET ADDRE	Arundel	FOR MOST OF WORKING LIFE)	Military
ANY D AND 3 AND 3 RETAIN HOULD RECORE	13a.		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM		STREET ADDRESS GEVA	211084.1
ME, MD.	20	ATHER'S NAME ROBERT Ph	MIDDLE LAST	15. MOTHER'S MAIDEN P FIRST Thurline	NAME MIDDLE Elizabeth	Dunshee
TIMO TER I	1 160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU WAR OR DATES) 338-30-1	RITY NO. 17 INFORMANT	1099 Gerard Co	
HOURS AF HOURS AF M 18. GIV NG WITH RMIT. PAG RMIT. PAG I.I.		PART I DEATH WAS CAUSE	nly one cause per line for (o), (b), apd ().)	andine /	Inrest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON VITHIN 24 VCIL IN ITE INER ALOF RANSIT PE TAL HYGIE R REMOVA		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	95CUD.		
A SENO		gove rise to immediate couse (a) stating the under lying cause last.				I HADE
AAN	NO	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE DR CONDITION GIVEN IN PART 1	(0)	
AL SEE	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?	100	20 AUTOPSY?
OF VI ATE SI FE WO THE C UD BE WENT	AL GERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		EAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I	PART 2)
DIVISION IIS CERTIFIC VRITING TH ARDED TO GE 3 SHOU THE DEPARTY 201 PRIOR.	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY AT HOME STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN C	COUNTY STATE
INER: THE STAR STAR STAR STAR STAR STAR STAR STAR			ge of the remoins described obave, held o		Inquiry , ond in my o	opinion
AL EXAMINER. HE CERTIFICAT HOULD BE FOR HOULD BE FOR ITH, WITH THE RE, MARYLAND		ACTUAL SIGNATURE	R. Do. WO	TITLE (SPECIFY)	MEDICAL EXAMINER SIGN	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND	2		liam P. Jones, M.D.	ADDRESS 695 Amer	ica Crt., Davidsonvill	
		SPECIFY)	1 00 2001		411.011.10	DUNTY STATE
BP	24.	FUNERAL DIRECTOR KEEL	White 16000 Annay	polis Road 250 DATE REC	Alexandria, Fairf D. BY REGISTRAR 256 REGISTRAR'S	SSIGNATURE
(VR A15 ME (5)) 20M 4/82	Be	eall Funeral Hom	e Bowie, Mar	yland 207151 StP	2 4 1984 100 / 204	idson-Mandells

The Survey of the stranger of the large to the Mildrey 1919 - 18 morning of Constitution Address Philips 1100 Cariles Mariles Countries SLAC - Committee of the contract of the contra the said out to the 150 630

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STATE OF MARYLAND

DEFARI	MEIAL	OFREALI	HANDE	AIELA I WE	HIGIENE	
MEDICAL	EXAM	INER'S	CERTIF	ICATE	OF DEATH	

1-	STATE REGISTRAR	MEI	DICAL EXAMINER	'S CERTIFICATE	OF DEATH ZREG.	No. 4. 6 /	MD. D OF BUSINESS INDUSTRY AST AST AST AST AST AST AST AS
	ECEASED NAME FIRST	MA	RIF WI	HITEHE	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH 9V YEA	25. HOUR 4 2350
of Rendered	A TRACE White BIRTHPLACE (STATE OR OREIGN COUNTRY) New York	5. DATE OF BIRTH MONTH 12-5-190 76. CITIZEN OF WE	D2 87 YRS.	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS AARRIED MEVER MAR IDOWED DIVOR	RRIED Ilnne ilnin	MONTH DAY YES	
491	en Bunnie	II. NAME OF HOS	SPITAL, NURSING HOME, OF COLUTY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (11 FOR MOST OF WORKING LIFE) HOUSEWIFE	TYPE OF WORK 126 KIND OF OR INDU	
	STATE 1 AND THE PROPERTY OF TH		PUSAGENA	13d. INSIDE CITY LIMITS? YES NOTE	7269 11 11 11	Rd. 21122	
1	TATHER'S NAME Charles	5. IDDLE	Tonny	15. MOTHER'S MAIL	DEN NAME MIDDLE	Laffard	
160	WAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	130-16-2593		B. Whitehead	Same as 13	
CATION	couse (a) stating the <u>underlying couse</u> last. PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION	(c)CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL TION FOR WHICH OPERATION		PART 1 (a):	20 AUTOP	SY?
CAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF		MONTH DAY YEAR	TIC HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	YES (A 18 PART 1 OR PART 2)] NO N
MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY	STATE
7	220 I certify that I taok charg	rol causes D	Accident , Suicide	TITLE (SPECIFY)	MEDICAL EXAMINER Primose Rd. An	ond in my opinion DATE SIGNED Inapolis - 21	403
	BURIAL CREMATION, REMOVAL (SPECIF BURIAL		New Cather	ery or crematory	23d. LOCATION CITY OR TOWN	соинту	STATE
24	FUNERAL DIRECTOR	04 Mountai	in Rd. Pasade		P 1 3 1984	EGISTRAR'S SIGNATURE	12

DHMH - 17 (VR A15 ME (5) 20M 4/82

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below is some The medical back a best of the ment

executed within 24 hours after death.

certificote be

ttending physician ond campletely filled in by the corbonpapers. Poges 1 and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers. Payth the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather troumatic event, th

MPORTANT; If Item 21 is morked ar Item 18 shows ony

STATE OF MARYLAND

REG. N	N A

1	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE .	3 7	13	25
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D. 9.00	0	EDT
	CEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
(I T PE	JAME	ES EDWARD	WHIT	MORE	SEPTEM	BER 11.	1984	530 A
3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY) IF UND		UNDER 24 HRS
	Male	White	May	8, 1927 YEAR	57	YRS MONTHS	DAYS	JURS MAIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
We	st Virginia	U.S.A.	WIDOWE	N. N.	ANNE	ARUNDEL	COUNTY	MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF MORK FOR MOST O		KIND OF B	USINESS OR
17	GLEN BURNIE	NORTH ARUN		PITAL	Miner	, , , , , , , , , , , , , , , , , , , ,	Coal	
J30. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COU	Arunde 13. Pasa	efore admission) lown ldena	13d INSIDE CITY LIMITS?	271 Kenwo	ZIP CODE	2112	.2
14. FA	THER'S NAME			15 MOTHER'S MAIDEN NAM				
m	Homer Phi	lip Whitmo	re	Lura	WIDDLE		Lilly	
16a V	VAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT (Moth	er) ADDRE	SS		
	YES NO OR UNKNOWN) (IF YES, G	TI 236-32	2-3018		hweigher	Same a	as #1	3
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	HUENGE OF	mullitus NOT RELATED TO THE TERM	INAL PERSE OR CON	DITION GIVEN IN	PART Ita	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	n Was Performed	YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK		19	211 LOCATION SIREET	RED (ENTER NATURE OF INJUI		R PART 2)	STATE
	22a I certify that (I) (this hasp	oital) attended the deceased from		, 19, 19	, to death occurred on the de			ot (I) (we) lost uses stated
	THE SECNATURE	Entertur ,	mo	ADDRESS	MEDICAL STAI	FF IAN [2 DATE SK	184
- L	D'ASCIAL STOMPTIME	Carrier II		/		ROAD SU		07
0.2		RESEITERO, M.D.	22. NIA++5 OF 6	the same of the sa	RNIE MARYI	AND 2106	1	
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	9/14/84		cove Cem.	Beckley	Ralei		Va.

DHMH - 16 50M 4/83 (VRA 15, 4)

Fleming Funeral Service Benson, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

20M 4/82

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

r to burial, cremainen, crimainen, and injury, ar other traumatic event, the medical examinjury, ar other traumatic event, the medical examinjury, are other traumatic event, the medical examining the second examining th

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

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-	STATE
	DECISTRAD

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

* j	4.	1	
6 10	No.	4	4
REG. NO.			

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9 . 7 9
	CEASED NAME	diport		20 DATE OF DEATH MON	TH DAY YEAR 26. HOUR
(177	MARY	ELIZABET	TH WITCHER	9/25/	87 12 AM
3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR IF UNDER 24 HRS
	EMALE	WHITE	JÄN 15, 1925	59	YRS.
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	MARRIED XXIEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
2	OHIO	U.S.A.	WIDOWED DIVORCED	ANNE ARUND	EL MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
A	NNAPOLIS		AL HOSPITAL	HOUSEWIFE	HOUSEHOLD
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR			13e STREET ADDRESS	21035
			DSONVILLES NO X	716 APPOMA	TTOX RD. WEST
14. F	ATHER'S NAME	MIDDLE (A	15. MOTHER'S MAIDEN P	NAME	LAST
J			BERT MARY	MIDDLE	HALL
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS	DDOMARROY DD I
	NO		20-2356 ALVIN R.	WITCHERDATID	ROUNTIFFE, WR. A
	18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), ((b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BV.	A	7 DISFASE	
	INVICED IN		arournier or		
	Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF		
	gove rise to immediate) (0)			
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TE	PAIN AL DISEASE OF CONDITIO	ON GIVEN IN PART LIE
NO.	That is office of the control of the	eonomiona <u>communicaria</u>	O.OSEAN DOT MELATED TO THE TE	ANNI AL DIOLAGE ON CONDIN	J. C.
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
IFIC				YES T NOT	CERTIFYING CAUSES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING			JRRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	thi ok lown	31416
	22a 1 certify that (I) (this hasp	ital) attended the deceased	from ///01 19	10 7/14/8	19 , thotalf (we) lost
	sow the deceased alive or	ot) view the bady after death.	_19, and that in (ay) (our) apinio	on death accurred on the date o	ind hour and from the causes stated
	22b. SIGNATURE	or view the body offer death.	DEGREE		22c. DATE SIGNED
	Minten 8	a Pir (2013/21	NT BIENN ATTENDING	MEDICAL STAFF	9/25/84
	22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	~_ DIMECTOR [] THEOLEGARA	
	90 WATKING	20 B	IENN		
230	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATOR	y 23d LOCATION	
	(SPECIFY) BURIAL	9/27/84	HILLCREST CEMETE	CITY OR TOWN	COUNTY STATE
		17/41/04		RY ANNAPOLI	
24 F	UNERAL DIRECTOR		173n ±1	ALEKEL U. BI KEGISIKAKIAN	KEGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the haspital or attending physician.

HARDESTY FUENRAL HOME ANNAPOLIS, MD REGISTRAR 25) REGISTRAR'S SIGNATURE

Buntah 9/27/84, Miles 1

DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE			73			3
	CERTIFICATE OF DEATH	Ö	Sing	REG.	NO.	S	-	1
	LAST	2a D	ATE OF	DEATH	MON	TH	DAY	YE AR
el	Zimmerman			Sept	. 1	7.	198	4
	5. DATE OF BIRTH	6. AC	E (INY	E ARS I AST I	BIRTHDA	()	IF UND	ERTYEA

- STATE REGISTRAR I. DÉCEASED NAME FIRST MIDDLE (TYPE OR PRINT) Micha John 3. SEX 4 RACE White Male Aug. 10. 1903 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Austria Anne Arundel (WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR · Meadow Rd. 21225 Tron Worker WORKING I FE Md. Drudock Baltimone 130 STREET ADDRESS / ZIP CODE, 13d INSIDE CITY LIMITS? Baltimore Mid. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Helena Zimmerman Starib John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATEST Margaret Zimmerman same as 13 No 18 CAUSE OF DEATH lEnter only one couse per line for (o.), (b), and (c.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING **71h. TIME OF INJURY** 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220 (certify that (1) (this hospital) attended the deceased from, law the deceased alive an above (1) (we) (did not) view the body elter death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 27h MSNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Laurence R. Gallager, M.D 3455 Wilkens Avenue Balto, Md. 21229 23e BURIAL CREMATION, REMOVAL 9-19-84

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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE

2h. HOUR

HOURS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

UNDER 24 HRS

24 FUNERAL DIRECTOR Mo will y Funeral Home 237 E. Patapsco AVE. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - wardon Bodose

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